

Spouse Configuration

Include spouse retirement values? Yes No

Contact

	Client	Spouse
Last Name	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
E-mail (Client)	<input type="text"/>	
E-mail (Spouse)	<input type="text"/>	

Income

	Client	Spouse
Number of Pay Periods per Year	<input type="text"/>	<input type="text"/>
Gross Income per Pay Period	<input type="text"/>	<input type="text"/>
Net Income per Pay Period	<input type="text"/>	<input type="text"/>
Anticipated Annual Raises	<input type="text"/>	<input type="text"/>
Raise Check Number	<input type="text"/>	<input type="text"/>

Retirement

	Client	Spouse
Retirement Age	<input type="text"/>	<input type="text"/>
Estimated Retirement Date	<input type="text"/>	<input type="text"/>

Life Expectancy Method

	Client	Spouse
Anticipated Life Expectancy	<input type="checkbox"/> Below Average <input type="checkbox"/> At Average <input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average <input type="checkbox"/> At Average <input type="checkbox"/> Above Average

Social Security

	Client	Spouse
Eligible for Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Projected Social Security value (if not available, write 'N/A')	<input type="text"/>	<input type="text"/>

Long Term Care Insurance

	Client	Spouse
Do you have long term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Retirement Plan Information

	Client	Spouse
Type of Retirement Plan	<input type="checkbox"/> Federal Retirement Plan <input type="checkbox"/> Defined Benefit Plan <input type="checkbox"/> Defined Contribution Plan	<input type="checkbox"/> Federal Retirement Plan <input type="checkbox"/> Defined Benefit Plan <input type="checkbox"/> Defined Contribution Plan

Federal Retirement Plan	Client	Spouse
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Retirement Plan	<input type="checkbox"/> CSRS <input type="checkbox"/> CSRS with Offset <input type="checkbox"/> FERS	<input type="checkbox"/> CSRS <input type="checkbox"/> CSRS with Offset <input type="checkbox"/> FERS
Date Entered Plan Retirement SCD	<input type="text"/>	<input type="text"/>
Sick Leave Hours	<input type="text"/>	<input type="text"/>
Employee Type	<input type="checkbox"/> Regular <input type="checkbox"/> FF <input type="checkbox"/> LEO <input type="checkbox"/> ATC	<input type="checkbox"/> Regular <input type="checkbox"/> FF <input type="checkbox"/> LEO <input type="checkbox"/> ATC
Retirement Type	<input type="checkbox"/> Regular <input type="checkbox"/> Optional - Gvr't Offer <input type="checkbox"/> Optional - Personal Election <input type="checkbox"/> Mandatory	<input type="checkbox"/> Regular <input type="checkbox"/> Optional - Gvr't Offer <input type="checkbox"/> Optional - Personal Election <input type="checkbox"/> Mandatory

Survivor Election	Client	Spouse
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CSRS: Enter monthly annuity value or the percentage of unreduced annuity (up to 55%):	<input type="text"/>	<input type="text"/>
FERS: Select the retirement annuity option	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50%	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50%

Transfer to FERS	Client	Spouse
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Choose one below:

1. Member did NOT transfer from CSRS to FERS	<input type="checkbox"/> Yes, or...	<input type="checkbox"/> Yes, or...
2. Member transferred to FERS. Date:	<input type="text"/>	<input type="text"/>

Military Service	Client	Spouse
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Choose one below:

1. Member does not have creditable military service	<input type="checkbox"/> Yes, or...	<input type="checkbox"/> Yes, or...
2. Member has military service, enter dates	Start Date: <input type="text"/> End Date: <input type="text"/>	Start Date: <input type="text"/> End Date: <input type="text"/>
3. Member has military service, enter years (service must be on or after 1/1/1957)	Years: <input type="text"/>	Years: <input type="text"/>
4. CSRS only—was a deposit made to purchase military time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Breaks in Service/Part-Time Service	Client	Spouse
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Choose one below:

1. No breaks in service or military service	<input type="checkbox"/> Yes, or...	<input type="checkbox"/> Yes, or...
2. Breaks in service occur within the same retirement plan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Break Dates	<input type="text"/>	<input type="text"/>
Break Dates (Cont'd)	<input type="text"/>	<input type="text"/>

Federal Retirement Plan

Client

Spouse

Federal Savings Plan

Roth Account

Current Balance

Contributions as a Percent of Pay OR Dollar per Paycheck

Do the contributions increase with raises?

Yes No

Yes No

Pre-Tax Account

Current Balance

Contributions as a Percent of Pay OR Dollar per Paycheck

Do the contributions increase with raises?

Yes No

Yes No

FGLI Elections

Coverage

- Basic Coverage
- Postal Employee
- Option A (\$10,000)
- Option B
- Option C

- Basic Coverage
- Postal Employee
- Option A (\$10,000)
- Option B
- Option C

Postal Employee

Reduction at age 65

- No reduction
- 50% reduction
- 75% reduction

- No reduction
- 50% reduction
- 75% reduction

Option C

Include Spouse

Yes No

Yes No

Multiplier

Client Dependents		
Name	Date of Birth	Continue after Age 22
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse Dependents		
Name	Date of Birth	Continue after Age 22
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Defined Benefit Plan	Client	Spouse
Name	<input type="text"/>	<input type="text"/>
Date Entered Plan	<input type="text"/>	<input type="text"/>
Additional years of service*	<input type="text"/>	<input type="text"/>
Additional funds for deposit at retirement*	<input type="text"/>	<input type="text"/>
Other retirement plan details	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

Defined Contribution Plan	Client	Spouse
Current Account Balance	<input type="text"/>	<input type="text"/>
Enter Rate of Return*	<input type="text"/>	<input type="text"/>
Percent of income to contribute	<input type="text"/>	<input type="text"/>
Employer Matching	Employer matches <input type="text"/> % of my contribution up to <input type="text"/> % of my income.	Employer matches <input type="text"/> % of my contribution up to <input type="text"/> % of my income.
Other Details:	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

*May require advisors assistance

Retirement Investments

Please List Any Additional Retirement Investment Accounts

Account #1 Name

Owner

Client Spouse

Current Account Balance

Account Type

Qualified Non-Qualified Tax-Free Tax Deferred

Before Retirement

Number of Deposits per Year

Deposits per Month

Deposit Value

Annual Increase in Deposit

Rate of Return

Special Notes

Account #2 Name

Owner

Client Spouse

Current Account Balance

Account Type

Qualified Non-Qualified Tax-Free Tax Deferred

Before Retirement

Number of Deposits per Year

Deposits per Month

Deposit Value

Annual Increase in Deposit

Rate of Return

Special Notes

Account #3 Name

Owner

Client Spouse

Current Account Balance

Account Type

Qualified Non-Qualified Tax-Free Tax Deferred

Before Retirement

Number of Deposits per Year

Deposits per Month

Deposit Value

Annual Increase in Deposit

Rate of Return

Retirement Investments (Cont'd)

Account #4 Name

Owner

Client Spouse

Current Account Balance

Account Type

Qualified Non-Qualified Tax-Free Tax Deferred

Before Retirement

Number of Deposits per Year

Deposits per Month

Deposit Value

Annual Increase in Deposit

Rate of Return

Special Notes

Retirement Income

Client

Spouse

Percent of net income needed in retirement (leave blank to discuss with the advisor)

Lump Sum

Account #1 Name

Distribution Type of Event

Client Age / Date / Years after Client Retirement
 Client Life Expectancy / Spouse Life Expectancy

Distribution Event Value

Current Value

Annual Increase

Account #2 Name

Distribution Type of Event

Client Age / Date / Years after Client Retirement
 Client Life Expectancy / Spouse Life Expectancy

Distribution Event Value

Current Value

Annual Increase

Known Incomes

Known incomes are sources of income that you know a value for, such as part time work or the net income from a rental house.

Account #1 Name	<input type="text"/>
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Number of Payments per year	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 12
Current Value	<input type="text"/>
Rate of Increase/Inflation before Retirement	<input type="text"/>
Rate of Increase/Inflation after Retirement	<input type="text"/>
Period during which income occurs	<input type="text"/>
Income Starts	<input type="checkbox"/> Owner Retirement / <input type="checkbox"/> Today / <input type="checkbox"/> First Retirement / <input type="checkbox"/> Both Retired <input type="checkbox"/> First Deceased / <input type="checkbox"/> Owners Age: <input type="text"/> / <input type="checkbox"/> Date: <input type="text"/>
Ending Method	<input type="checkbox"/> Owner Death / <input type="checkbox"/> Both Deceased / <input type="checkbox"/> Second Retirement / <input type="checkbox"/> Both Retired <input type="checkbox"/> First Deceased / <input type="checkbox"/> # of Years: <input type="text"/> / <input type="checkbox"/> Date: <input type="text"/> <input type="checkbox"/> Owners Age: <input type="text"/>

Account #2 Name	<input type="text"/>
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Number of Payments per year	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 12
Current Value	<input type="text"/>
Rate of Increase/Inflation before Retirement	<input type="text"/>
Rate of Increase/Inflation after Retirement	<input type="text"/>
Period during which income occurs	<input type="text"/>
Income Starts	<input type="checkbox"/> Owner Retirement / <input type="checkbox"/> Today / <input type="checkbox"/> First Retirement / <input type="checkbox"/> Both Retired <input type="checkbox"/> First Deceased / <input type="checkbox"/> Owners Age: <input type="text"/> / <input type="checkbox"/> Date: <input type="text"/>
Ending Method	<input type="checkbox"/> Owner Death / <input type="checkbox"/> Both Deceased / <input type="checkbox"/> Second Retirement / <input type="checkbox"/> Both Retired <input type="checkbox"/> First Deceased / <input type="checkbox"/> # of Years: <input type="text"/> / <input type="checkbox"/> Date: <input type="text"/> <input type="checkbox"/> Owners Age: <input type="text"/>