

FAMILY DATA

Name _____ Age/DOB _____ Male Female Non Tobacco User Tobacco User
Spouse _____ Age/DOB _____ Male Female Non Tobacco User Tobacco User
Address _____ Home Phone _____ Children's Name(s)/DOB _____
City, State, Zip _____ Business Phone _____ Ext _____
Spouse Employer _____ Business Phone _____ Ext _____

EMPLOYMENT STATUS

CSRS / FERS DOH _____ CSRS Changeover? Yes No Date _____ Type: Regular Postal Firefighter
Break in Service From _____ To _____ From _____ To _____ Law Enforcement Air Traffic Controller
Military Dates of Service From _____ To _____ Did you buy time? Yes No Military Reserve Technician
Current Pay \$ _____ Mode BW / M / A Pay Rate / Grade _____ - _____ Pay Increase % _____ "AUO" % _____
Retirement Date _____ Reduction-in-Force (RIF) Yes No Pension COLA % _____ Expected Pay prior to Retirement \$ _____

BENEFIT DATA

FEGLI Alpha _____ Basic \$ _____ A _____ B _____ (1-5) C _____ (1-5) FEGLI Bi-Weekly Premium \$ _____
Basic Amount Reduction % _____ Retain Opt B Yes No Opt C Yes No
TSP Balances G Fund \$ _____ C Fund \$ _____ F Fund \$ _____
S Fund \$ _____ I Fund \$ _____ Total \$ _____
Contribution %, \$ or Max. _____ Growth Rate — Pre-Retirement % _____ — Post-Retirement % _____ Payout % or \$ _____
Spouse Income \$ _____ Spouse Fringe Benefit Programs _____ Other Allotments _____

FINANCIAL DATA / OBJECTIVES

Your Current Assets:

Savings \$ _____ Securities \$ _____ Other Liquid Assets \$ _____ Interest Rate on Assets _____
Sources of Income _____

Existing Life Insurance (mark with "s" if on spouse, "c" if on child)

Company	Year of Issue	Face Amount	Plan Type	Premium	Purpose	Beneficiary
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your Needs and Objectives: At Death . . .

What is the total immediate cash need at the time of your death? \$ _____ (or specify below)
Final Expenses \$ _____ Mortgage \$ _____ Education \$ _____ Emergency \$ _____ Other \$ _____
How much do you want your survivors to live on each month? \$ _____ (or specify below) C.C./Auto/etc.
Surviving Spouse w/2+ children \$ _____ Surviving Spouse w/1 child \$ _____ Surviving Spouse \$ _____

At Retirement . . .

How much total income from all sources do you want to plan on at retirement? \$ _____
Family Health History _____ How much additional savings can you afford now? \$ _____

OTHERS TO RECEIVE BENEFIT COORDINATION FROM GPM:

Name _____ Age _____ Sex (M / F) Spouse Name _____ Age _____ Children _____
Address _____ Home Phone _____ Work Phone _____ ext. _____
Name _____ Age _____ Sex (M / F) Spouse Name _____ Age _____ Children _____
Address _____ Home Phone _____ Work Phone _____ ext. _____
Name _____ Age _____ Sex (M / F) Spouse Name _____ Age _____ Children _____
Address _____ Home Phone _____ Work Phone _____ ext. _____

Agent Name: _____ **Date Information Received:** _____