

Federal Employee Benefit Analysis Profile

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SCHEDULE YOUR OWN
CONFIDENTIAL MEETING



Date: _____

To Complete a Benefit Analysis we would like to have your most recent:

1. Leave and Earnings Statement
2. Thrift Savings Plan (TSP) Statement and Loan Statement (www.tsp.gov)
3. Social Security Earnings Statement (www.ssa.gov)

Client

First Name _____ M.I. _____ Last Name _____ M F _____

DOB _____

Life Status: Single Married Divorced Widowed Life Partner

Home Information

Address _____ Phone: _____

Cell: _____

City _____ State _____ Zip _____ Email: _____

Employment Information

Employer _____ Job Title _____

Address _____ Phone: _____

Fax: _____

City _____ State _____ Zip _____ Email: _____

Family Information

Spouse/Life Partner

First Name _____ M.I. _____ Last Name _____ M F _____
DOB _____

Dependent Children

First Name _____ M.I. _____ Last Name _____ M F _____
DOB _____

First Name _____ M.I. _____ Last Name _____ M F _____
DOB _____

First Name _____ M.I. _____ Last Name _____ M F _____
DOB _____

First Name _____ M.I. _____ Last Name _____ M F _____
DOB _____

Investment Advisory Services are offered through Cape Investment Advisory, Inc.
Address: 1600 Pennsylvania Avenue, McDonough, GA 30253 Tel: (678) 583-1120.

Sarasota Financial Group, Inc. and SFG Federal are unaffiliated with Cape Investment Advisory, Inc. and do not provide tax or legal advice.

Income

Annual Income

Client

Spouse/Life Partner

Salary/Draw	_____	_____
Bonus/Commissions	_____	_____
Interest/Dividends	_____	_____
Rental Income	_____	_____
Child Support	_____	_____
Other	_____	_____

Do you expect your income to:

Increase Decrease Stay the Same Annual Change _____%

Creditable Service

Service Computation Date (SCD): _____ Government Service Level: _____

Have you made contributions to your retirement system since your SCD? Yes No

Have you ever taken leave without pay? Yes No Dates: From _____ to _____

Were you ever on worker's compensation? Yes No Dates: From _____ to _____

Do you have any part time work? Before 4/7/86 Yes No Avg. hours _____ Salary _____
 After 4/7/86 Yes No Avg. hours _____ Salary _____

Did you ever have intermittent (WAE) work? Yes No Dates: From _____ to _____

Did you ever have a break in service? Yes No Dates: From _____ to _____

Are you retired from the military? Yes No

Does your retirement include Combat Disability or the Reserves? Yes No

What were your dates of service? From _____ to _____

Do you plan to waiver your military retirement to include it with your civilian service? Yes No

Have you made a deposit for your military service? Yes No

Do you have any non-deduction (temporary time) service? Yes No Dates: From _____ to _____

Did you ever have a break in service and withdraw your contributions to your retirement system? Yes No Dates: From _____ to _____

Leave and Earnings (pay stub) Data:

Retirement Deduction	\$ _____	OASDI Tax	\$ _____	Medicare Tax	\$ _____
Federal Tax	\$ _____	State Tax	\$ _____	FSA	\$ _____
FEGLI - Regular	\$ _____	FEGLI - Opt	\$ _____	Charity	\$ _____
Health - Pretax	\$ _____	Dental & Vision	\$ _____	Association	\$ _____
TSP Contribution	\$ _____	TSP Catch Up	\$ _____	TSP Loan	\$ _____
Allotment Deduction	\$ _____	Union Dues	\$ _____	Other	\$ _____

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Retirement

At what age do you want to Retire? _____ Spouse? _____ Projected Retirement Date _____

Retirement System: CSRS CSRS Offset FERS Transfer If transfer, what date? _____

Employee Type: Regular Postal Air Control Law Fire

Retirement Type: Regular Optional Mandatory

Survivor Benefit Desired: (1) CSRS: 0% to 100% ; (2) FERS: 0% 25% 50%

CSRS Sick Leave Hours to be saved each pay period (hours – biweekly): 0 1 2 3 4
CSRS Sick Leave Saved to date (hours): _____

Federal Employees Group Life Insurance Coverage

Basic: Yes No If yes, reduction at age 65: None 50% 75%

Option A: Yes No

Option B: Yes No If yes, how much? 1 2 3 4 5 Times
Reduce after 65? Yes No

Option C: Spouse? Yes No If yes, how much? 1 2 3 4 5 Times
Reduce after 65? Yes No

Dependents Covered? Current Age _____ Current Age _____ Current Age _____
Coverage Eligible after age 22? Yes No Yes No Yes No

Other Life Insurance? Yes No Amount _____ Type _____

Thrift Savings Plan

Do you participate in the Thrift Savings Plan? Yes No

Total amount currently in the plan? \$ _____

Current Savings in Funds: C: \$ _____ F: \$ _____ G: \$ _____ I: \$ _____ S: \$ _____
L: \$ _____ Which L funds are you in? _____

Percent Invested in Funds: C: _____% F: _____% G: _____% I: _____% S: _____%
L: \$ _____

Percent of Salary to invest this year: _____% or Bi-weekly Contribution: \$ _____

TSP Loan? Yes No If yes, total amount of the loan: \$ _____

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Other Assets

Primary Residence

Purchase Price: \$ _____ Current Value: \$ _____ Current Loan: \$ _____
Interest Rate: _____% Loan Term (years) _____ Years paid _____ Payment \$ _____

Asset	Value	Location	Current Interest/ Return Rate
Savings	\$ _____	_____	_____
CD's/MM	\$ _____	_____	_____
Rental Properties	\$ _____	_____	_____
Stocks/Bonds/Mutual Funds	\$ _____	_____	_____
Retirement Accounts	\$ _____	_____	_____
Other	\$ _____	_____	_____
Other	\$ _____	_____	_____

Social Security

	<u>You</u>	<u>Your Spouse</u>
Benefit at Age 62	\$ _____	\$ _____
Benefit at Full Retirement	\$ _____	\$ _____

Financial Goals

Goals	Spouse or Life Partner's Goals
_____	_____
_____	_____
_____	_____
_____	_____

Notes

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RETIREMENT INCOME NEEDS ANALYSIS

Social Security Income	\$
Other Planned Income	\$
Other:	\$

Total Guaranteed Income	+ \$
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Estimated Monthly Expenses

Essential	
Housing	\$
Health care	\$
Groceries	\$
Utilities	\$
Insurance	\$
Transportation	\$
Taxes	\$
Other:	\$

Use this worksheet to take an inventory of your retirement income sources and expenses. Your agent or advisor will help you determine any potential income gaps and explore options for using your retirement savings and investments to help you meet your needs.

Total Essential Expenses	- \$
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Lifestyle	
Personal care	\$
Clothing	\$
Dining out	\$
Entertainment	\$
Recreation	\$
Travel	\$
Gifts	\$
Charitable giving	\$
Other:	\$

Total Lifestyle Expenses	- \$
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TOTAL (monthly gap or surplus)	= \$
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Retirement Nest Egg Potential

Nest Egg Savings	
TSP, 401(k), 403(b), 457, SEP, etc.	\$
Traditional IRA	\$
Roth IRA	\$
Annuities	\$
Stocks, bonds, mutual funds, etc.	\$
CDs	\$
Cash	\$
Real estate	\$
Other:	\$

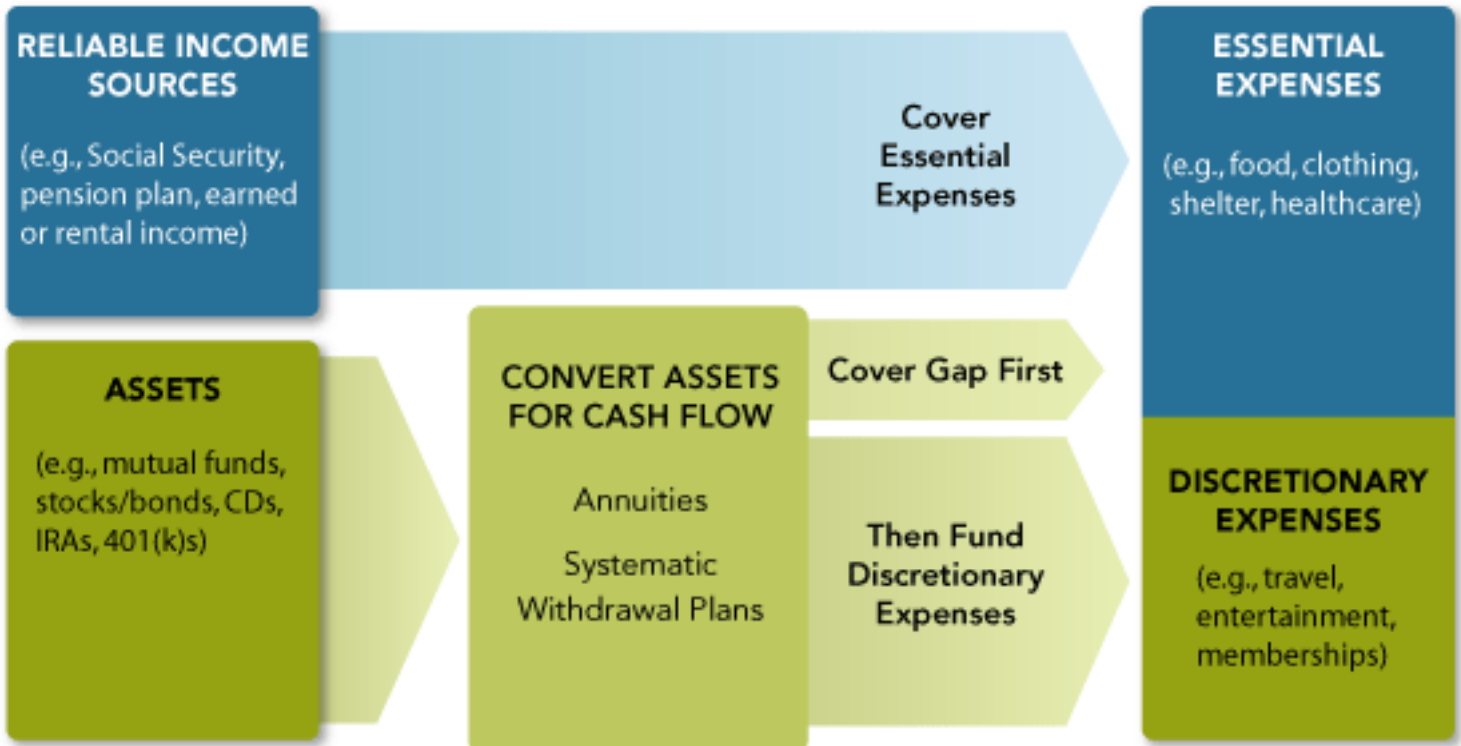
Total	\$
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**SCHEDULE YOUR OWN
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Match the reliability of cash flow to the importance of the expense.



TO BE COMPLETED BY THE AGENT OR ADVISOR:

When is additional retirement income needed? Immediately One year or later

Option A: Quote for all expenses (essential and lifestyle).

Desired monthly income (gap for all expenses) = \$ _____

Purchase payment required = \$ _____

Quote expiration date: _____

Option B: Quote for essential expenses only.

Desired monthly income (gap for essential expenses) = \$ _____

Purchase payment required = \$ _____

Quote expiration date: _____

