Do not forget to ask for a google review!

Federal Personal Financial and Estate Inventory

<table>
<tr>
<td>
Clients Name: ____________________
DOB: _______/________/__________
Address: ________________________
City, State, Zip: ___________________
Cell Phone: _______________________
Work Phone: ______________ Ext ___
Email: __________________________
Spouse Name ___________________
DOB: ________/_________/_________
Cell Phone: _______________________
Email: __________________________
</td>
<td>
Children Names and Ages
____
____
____
____
____
____
Quick Notes:
</td>
</tr>
</table>

Family Goals

What's your #1 Financial Goal/Priority

____

What's your Biggest Financial Fear?

____

What is your risk tolerance? Conservative Moderate Aggressive

Other Goals

____

____

Financial Objective Checklist: (Circle)

Growth Safety Liquidity Principle Protection Income

Retire Early College Planning Debt Reduction Not outliving money

Employment

Employer: ________________________ Spouse ___________________________

Desired Retirement Date: ____/_____/_____ Desired Ret Date: _____/_____/_______

Federal Service Computation Date _____/_____/_______

Any Military Time? Yes No Did you buy it back? Yes No Total Cost $____________

Did you work part time or always full time for the government? __________________________

How much sick time have you accrued? _______________________________

Income Sources:

Annual Salary: $____________________ Spouse Annual Salary: $_________________

Pension: $_________________________ Spouse Pension: $ _______________________

Social Security @ 62 ________________ Spouse Security @ 62 ____________________

@ FRA________________ @ FRA __________________

@ 70 ________________ @ 70 ____________________

When do you plan on taking Social Security? ______________________

Other income source ___________________ Amount $____________________________

Other income source ___________________ Amount $____________________________

Other income source ___________________ Amount $____________________________

Other income source ___________________ Amount $____________________________

Total Monthly Net Income $_________________ Total Monthly Expenses $_________________

Taxes

Current tax bracket Federal ____________________________

Current tax bracket State ______________________________

What’s your strategy for reducing taxes in retirement?

Financial Accounts

TSP Amount Traditional ______________________ ROTH ___________________

TSP Allocation _____________________

TSP Contribution _______________________ Contribution total over 5% ______________

What's your strategy for TSP distribution in retirement?

Do you have any allotments you're contributing to savings? ___________________

What are you saving on a monthly basis? _________________________

Type of Account (Q, NQ, R)	Financial Company	Amount

Required Minimum Distribution total @ 72 ___________________________

Life Insurance

FEGLI Options $___________________

Total Premium Per Pay Period _____________ Total Estimated Cost at Retirement _____________

Company	Death Benefit	Cash Value	Monthly Premium

Long Term Care

Company	Death Benefit	LTC Coverage	Monthly Premium
____________	______________	______________	________________
____________	______________	______________	________________
____________	______________	______________	________________
____________	______________	______________	________________

Health Insurance (FEHB)

Premium today _____________________ Premium in retirement _________________

Medicare

Plan _________________ Premium $__________________

Plan _________________ Premium $__________________

Plan _________________ Premium $__________________

Plan _________________ Premium $__________________

Estate Plan

Real Estate

Mortgage Balance $__________________ Monthly: $______________ Interest Rate _________%

Loan Term ___________ years Equity __________

Do you have a Will or a Trust set up? _____________________

When was the last time it was updated? ___________________

Who is the executor? __________________

Who is the trustee? ____________________

Do you have a financial Power of Attorney? ____________________

Do you have a health care Power of Attorney? __________________

Debts

Company Owed	Balance	Interest Rate	Min. Payment	Actual Payment
____________________	$____________	________%	$_____________	$______________
____________________	$____________	________%	$_____________	$______________
____________________	$____________	________%	$_____________	$______________
____________________	$____________	________%	$_____________	$______________
____________________	$____________	________%	$_____________	$______________
____________________	$____________	________%	$_____________	$______________
____________________	$____________	________%	$_____________	$______________
____________________	$____________	________%	$_____________	$______________
____________________	$____________	________%	$_____________	$______________

Total Min $ ______________ Total Actual $_____________

Notes and Ideas: