Employee Data Sheet -4/10/21

Phone No:	Date:	Date:City/State:				
Name:	Age: _	Retireme	nt AgeA	gency:		
Hire Date/Years of Service:	Annual Sa	alary:	_ DOB:			
High 3 salary: Annual	FERS/CSRS Per	sion:	Monthly FERS,	CSRS Pension_		
Home address						
E-MAIL HOME PHONE:						
Married: Y/N Name/DOB						
FEGLI Basic: Y N Bi-weekly Co	ost \$:	Y N If no	ot 59.5, date tu	irning 59.5?		
egli: Option A: Y N Option		otion B: Y N		Option C: Y N		
TSP Account Value: \$	G	_cs	I	F	L	
SS \$ AT:Ag	e: Some	e Additional	INFO so	I can selest	the BEST	
		ANNUIT	IES FOR YO	<u>ou</u>		
Other Income Sources: Spouse:		<u>Disability:</u>	SS:	<u>Pensio</u>	on:	
Current Expenses: Mtg,	General	Living expenses/n	no.\$	Savings acco	ounts \$	
Checking	Savings	Mone	ey market \$			
Other Investment 1 Account Va	lue:	Туре:	(RE?)(Securit	ies)		
Other Investment 2 Account Value:			_Type: (Gold)			
Other Investment 3 Account Va	lue:	Туре:		_		
Living Trust: Y N Follow up date:			Follow up time:			
Drivers Lisc.: State						