

Customized Personal Federal Benefits Analysis, Review & Consultation



BENCHMARK
FINANCIAL GROUP, LLC

Complete the information requested below to start the process
for your personalized report, consultation and review

Name: _____ D.O.B. ____/____/____

Job/Position/Title: _____ Current Shift? _____

Spouse? _____ D.O.B. ____/____/____ FED? Yes No

Your work phone no. _____ Cell/other _____

Preferred E-mail address: _____

Service Com/Start Date: ____/____/____ Military or other years? _____

Do you have any other Gov't/ or Military time that you may need to buy-back? _____

Age or date you hope to retire: _____ (age) ____/____/____ (or date)

Check your category: CSRS CSRS-Offset FERS FERS-transfer

What is your Current Annual Gross with locality Pay \$ _____

Current amount you contribution to TSP: % _____ Estimated TSP Balance _____

Do you have or contribute to any other retirement accounts (check all that apply)

Past 401k **IRA** **Roth IRA** **Pension** **Mutual Funds** **Other** _____

Are you enrolled in FEGLI? Yes No Which Options? Basic A B C # of B/C units: _____

Your current Health is? OK Good Great Tobacco use? Yes No

How many children and/or grandchildren? _____

Other Benefit Questions or concerns for Retirement are? _____

Are you familiar with Skype? If so, would you be open to an initial Skype interview? Yes No

Scan, E-mail, Fax or phone your request to your local
Chartered Federal Employee Benefits Consultant.

E-mail form to david.raetz@bfgkc.com.

Call or Fax form to David at : **913-534-8256** for immediate service.

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