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FEDERAL EMPLOYEE INFORMATION SHEET

NAME _____ DOB ____/____/____

SPOUSE _____ DOB ____/____/____

DEPENDENT CHILDREN-AGES _____, _____, _____, _____, _____ SPOUSE EMPLOYER _____

ARE YOU PLANNING TO LEAVE A SURVIVOR BENEFIT? _____

JOB DATA

AGENCY, LOCATION & POSITION _____

SALARY _____ SERVICE COMP DATE ____/____/____

DOES SCD INCLUDE MILITARY TIME? _____ DATES IN MILITARY ____/____/____

DID YOU BUY TIME? _____ SICK LEAVE HRS _____

CSRS _____ FERS _____ TRANSFER DATE _____

BASIC FEGLI YES ____ NO ____

-OPTIONAL FEGLI-

OPTION A: YES ____ NO ____ (ADDITIONAL 10,000)

OPTION B: YES ____ NO ____ (____ X's) (1 TO 5 TIMES YOUR SALARY)

OPTION C: YES ____ NO ____ (____ X's) (FAMILY- 1 TO 5 TIMES)

APPROX. RETIREMENT AGE _____

DO YOU CONTRIBUTE TO THRIFT? YES/NO (AMOUNT ____%) C ____ F ____ G ____ S ____ I ____ L ____

L Income ____ L2020 ____ L2030 ____ L2040 ____ L2050 ____

APPROX. TRADITIONAL BALANCE _____ APPROX. ROTH BALANCE _____

PERSONAL LIFE INSURANCE AMOUNT _____ COMPANY NAME _____ COST _____

SCHEDULED MEETING

BEST TIME _____ **DATE** _____ **WILL SPOUSE BE AVAILABLE TO REVIEW ANALYSIS?** _____

HOME PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____

HOME ADDRESS _____

MAILING ADDRESS (If different from above address) _____

EMAIL ADDRESS _____

WHAT IS YOUR BIGGEST CONCERN? _____

WHAT DO YOU HOPE TO ACCOMPLISH DURING THIS MEETING?

COMMENTS _____
