

Federal Benefit Questionnaire

Name: _____ Employer: _____
 Date of Birth: _____ Job Title: _____
 Address: _____

Office #: _____ Fax #: _____
 Home #: _____ E-mail address: _____

Personal Information:

Sex: Male ___ Female ___ Marital Status: Married ___ Single ___ Divorced ___ Widowed ___
 Spouse Name: _____ Date of Birth: _____
 Children's Ages: _____

Federal Service Time:

Hire Date: _____ Service Computation Date: _____
 Current Retirement Plan: CSRS _____ FERS _____ Transfer _____
 Salary Information: Current Pay Grade & Step: _____
 Locality Area: _____ Start Date of Special Duty (6C): _____
 Current Salary with adjustments: _____
 1 Yr. Prior: _____ 2 Yrs. Prior: _____

Military Service Time:

Military: Yes _____ No _____
 Dates in Service: From _____ To: _____
 Paid a military deposit: Yes _____ No _____

Federal Employee Group Life Insurance: Check all that apply

FEGLI: None _____ Basic _____ Option A _____
 Option B: 1 X's _____ 2 X's _____ 3 X's _____ 4 X's _____ 5 X's _____
 Option C: Family 1 X's _____ 2 X's _____ 3 X's _____ 4 X's _____ 5 X's _____

Disability Income: Yes _____ No _____

Long Term Care: Yes _____ No _____

Thrift Savings Plan Participation: Yes _____ No _____

Contribution % of salary: _____ % **OR** Bi-weekly amount _____

Funds	C Fund	F Fund	G Fund	I Fund	S Fund
Contribution %					
Funds	L Income	L 2020	L 2030	L 2040	L 2050
Contribution %					
Current Balance:					

Expected Retirement Age: _____ (WHAT AGE DO YOU WANT TO RETIRE?)

Roth IRA: Yes _____ No _____

Will: Yes _____ No _____ **Living Trust:** Yes _____ No _____

Mortgage: Balance: _____ Term _____ Rate % _____

Approx. Value of Home: _____ Seconds: _____

First One Financial
 8865 Balboa Ave., Ste. F
 San Diego, CA 92123

Off: (858) 874-5516
 Fax: (858) 268-2875
 Email: bob@firstonefinancial.com
 Website: www.firstonefinancial.com

*“Securities offered through Lincoln Investment - Broker Dealer - Member FINRA/SIPC,
www.lincolninvestment.com.
 First One Financial and Lincoln Investment are independent non-affiliated.”*

Federal Benefit Questionnaire

Today's Date: _____ Location: _____

Additional Requested Information:

In order to properly offer our advice, we will need the following:
(All data submitted is confidential)

1. Completed Federal Employee Questionnaire
2. Copy of your most recent "**Personnel Action Form**"
(SF-50, AO-250, etc.)- If you are a current Federal Employee, contact your Human Resource Office to get a copy of this
3. Most recent "**Earnings & Leave Statement**"
4. Your "**Personal Employee Benefits Statement**"
(CSRS - PBA 10, FERS – PBC 10) – This is on Employee Express;
<https://www.employeeexpress.gov>
Lower right corner, under "**Related Sites**", click on link labeled "**Federal Employee Benefits Statement**". Can print off as a word document.
5. If you owe **Deposits/Redeposits**; please process:
SF-2803 for CSRS
SF-3108 for FERS
6. Copy of your most current **Social Security Earnings Statement**
To get your on-line statement, you must first create "**my Social Security**" account with the SSA. Please go to: <http://www.ssa.gov/mystatement>
Follow the direction on the screens to set up your account on-line.
7. Copy of your most recent **TSP statement**

Please allow approximately 3-4 weeks for processing and follow up notes.

Name: _____

Mail or fax to: **First One Financial**
8865 Balboa Ave., Ste. F
San Diego, CA 92123
Office: (858) 874-5516
Fax: (858) 268-2875
E-mail: bob@firstonefinancial.com

First One Financial
8865 Balboa Ave., Ste. F
San Diego, CA 92123

Off: (858) 874-5516
Fax: (858) 268-2875
Email: bob@firstonefinancial.com
Website: www.firstonefinancial.com

*"Securities offered through Lincoln Investment - Broker Dealer - Member FINRA/SIPC,
www.lincolninvestment.com.
First One Financial and Lincoln Investment are independent non-affiliated."*