Information for Retirement Estimate 2020

Name:	Spouse? Yes No			
Full Address:				
Special Retirement: Law Enforcement Fir	e Fighter CBPO Air Traffic			
Phone:	Retirement System CSRS FERS			
Email:	Transfer to: FERS CSRS Offset			
Date of Birth:	If so, date			
Service Comp Date for Retirement:	Amount of SSA at Age 62:			
Date(s) of Retirement:	SSA At FRA Age:			
Military Time Dates (to/From):	Paid In? Yes No Pre Interest Amount?			
Temporary FICA Time Dates (to/From):	Paid In? Yes No Pre Interest Amount?			
Part Time or Casual/PTF/PMR Service?	Dates/Hours: (Mo/Day/Yr) format			
Refunded / Withdrawn Time (to/from):	Paid back? Yes No Amount Withdrawn?			
Multiple Agency Work?	List Agencies and To/From dates			
If Retiring in the next three years: List last 3 years salary amounts and dates of salary change (include locality pay): (Mo/Day/Yr) format Do not use W-2s or Income Tax records	If Retirement is more than 3 years out: Complete Boxes Below			
	Current Salary:			
	Current Grade and Step:			
	Date of Last Within Grade:			
From Most Current Paystub:				
FERS/CSRS Retirement \$,	Dental \$, Vision \$			
SS/OASDI \$	Flex Spending \$, Medicare \$			
Federal Tax \$, State Tax \$	Allotment \$, TSP Loan \$			

Helpful if I can see your last pay stub to check deductions

Personnel Solutions S. 3403 Tekoa St. Spokane, WA 99203 Phone (509) 993-2283 Fax (509) 651-1946 Email:Retirelady@mail.asisna.com

Survivor Benefit De	esired:					
1) CSRS: 0% t	o Full%	OR a	mount per month	for survivor.		
2) FERS (marl	k one): 0%	25%.	50%			
Former Spouse Elig	gible for Survivo	r Annuity or I	Divorce in Progre	ss? Y N	Bring Decree	
Sick Leave Hours to	be Saved Each	Pay Period:	0 1	2 3 4 (I	Hours-Biweekly)	
Current Sick Leave	Balance?					
Health Insurance: FEHB Plan Number / Costs PPP:					Y N	
Life Insurance						
Below: Mark who		-	•		lowns, which you disabled.	
Basic	Option A		ption B		Option C	
Reduce Benefit at Age 65?	Keep in Retirement?	# Options Today	# Keep in Retirement	# Options Today	#Keep in Retirement	
No	Y					
50%	N		Reduce Beneficat Age 65?	t	Reduce Benefit at Age 65?	
75%			Y N		Y N	
** Ages of Childre	en:	Thrift Sa	 nvings Plan			
Existing Savings \$	G in G: \$	F: \$	C: \$	S:\$	I: \$	
TRADITIONAL	L: \$	L Fund: L: \$.: \$L	L Fund:	
Existing Savings \$	G: \$	F: \$	C: \$	S:\$	I: \$	
ROTH	L: \$	L Fund	L: 3	\$LF	Fund:	
Pay Period	Tradition		or %	Catchup	\$	
Contributions	Roth	\$	or %	Catchup	\$	
% of Contribution					I: %	
Fund Must Equal 1	00 L: %	L Fund	L: %	6 L Fu	nd:	
Withdrawal Prefere	thdrawal Preference:		Age:	Age: Personnel Solutions S. 3403 Tekoa St.		

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