



Social Security Questionnaire (Download form before entering data)

Today's Date:

How did you hear of us?

FINANCIAL PROFESSIONAL CONTACT INFORMATION:		Preferred Email Contact	Phone	Text	Online
First name:					Last name:
Company name:					Phone:
Company Email:					Address (street, city, state, ZIP code):



Before you begin: Log in and download your current Social Security statement at ssa.gov/myaccount.

Answer the questions below and bring this form to a Social Security planning meeting with your financial professional. (If you select married, widowed or divorced, be sure to answer the related questions on Page 2 in addition to the questions below.)

About you

First name: _____ **Last name:** _____

Your marital status: Married Widowed Divorced Single

Gender: Male Female **Date of birth (mm/dd/yy):** ____/____/____

What life expectancy are you planning for? ____ years ____ months Use average (Men=86 years, Women=89 years)

Have you already started Social Security benefits? Yes No If yes, at what age? ____ Filing date: ____/____/____
If so, how much is the monthly benefit you're currently receiving? \$_____

Government or Nonprofit Employees/Former Employees
Do you have a pension from employment in which you did NOT pay Social Security taxes? Yes No
If yes, Page 3 of your SS benefit statement, "Your earnings statement," should be included with this fact finder to ensure a more accurate report.
What is the name of the pension/employer? _____ What is the monthly pension amount? \$_____
When does this pension start? _____ What is the projected cost-of-living adjustment for this pension? \$_____%

Your earnings For this section, please refer to a current Social Security benefit statement.

Statement date: ____/____/____

Your estimated monthly benefits at full retirement age: \$_____

At what age do you plan to stop working? _____
If you're planning to work after 62, what is your anticipated annual employment income? \$_____

If you plan on retiring prior to your full retirement age (FRA) or if you plan on working beyond your FRA, Page 3 of your Social Security benefit statement, "Your earnings statement," should be included with this fact finder to ensure a more accurate report.

Your retirement income assumption

What is your desired monthly pretax household income upon retirement? \$_____ (TODAY'S DOLLARS)

What is your desired monthly pretax household income after the death of your spouse? \$_____

After this section is complete, please continue on to the next page.

About your spouse

First name:

Last name:

Sex: Male Female

Date of birth (mm/dd/yy): ____/____/____

What life expectancy are you planning for? ____ years ____ months Use average (Men=86 years, Women=89 years)*

Have you already started Social Security benefits? Yes No If yes, at what age? ____ Filing date: ____/____/____
If so, how much is the monthly benefit you're currently receiving? \$____

Government or Nonprofit Employees/Former Employees

Do you have a pension from employment in which you did NOT pay Social Security taxes? Yes No

If yes, Page 3 of your SS benefit statement, "Your earnings statement," should be included with this fact finder to ensure a more accurate report.

What is the name of the pension/employer? _____ What is the monthly pension amount? \$____

When does this pension start? _____ What is the projected cost-of-living adjustment for this pension? \$____%

Your spouse's earnings

For this section, please refer to a current Social Security benefit statement.

Statement date: ____/____/____ Your estimated monthly benefits at full retirement age: \$____

At what age do you plan to stop working? _____

If you're planning to work after 62, what is your anticipated annual employment income? \$____

If you're widowed

If eligible for survivor benefits, you will need proof of marriage and death to retrieve benefits for a deceased spouse when you visit your local SSA office.

Deceased spouse's date of birth (mm/dd/yy): ____/____/____

How long were you married? ____ years ____ months

What monthly benefit amount would you receive if you elect widow's benefits at your full retirement age? \$____

What is the monthly primary insurance amount (PIA) of your deceased spouse? \$____

If you're divorced

You may be eligible for benefits based on an ex-spouse's record, if you were married for at least 10 years. You will need proof of marriage and divorce to retrieve information and benefits for an ex-spouse when you visit your local SSA office.

Ex-spouse's date of birth (mm/dd/yy): ____/____/____

What is your ex-spouse's anticipated life expectancy? ____ years ____ months Deceased

How long were you married? ____ years ____ months

At what age does your ex-spouse plan to claim benefits? ____ years ____ months

What monthly benefit amount would you receive if you elect spousal benefits at your full retirement age (or soonest available if you are more than 6 years older than your ex-spouse)? \$____

• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

The information collected on this fact finder will be kept confidential and used to provide an estimate of your Social Security benefits in retirement. For more information on how Nationwide protects your personal information, visit our online privacy policy at nationwide.com/privacy-security.jsp. Keep in mind that any estimate resulting from this fact finder is for hypothetical purposes only and is not a guarantee.

This material is not a recommendation to buy, sell, hold or roll over any asset, adopt an investment strategy, retain a specific investment manager or use a particular account type. It does not take into account the specific investment objectives, tax and financial condition, or particular needs of any specific person. Investors should work with their financial professional to discuss their specific situation.

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The information provided is based on current laws, which are subject to change at any time, and has not been endorsed by any government agency.

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NFM-11991AO.10 (03/21)