



# Social Security 360 Analyzer<sup>SM</sup> client questionnaire



Date: \_\_\_\_\_

INVESTMENT PROFESSIONAL'S INFORMATION		
 <b>Contact the Retirement Institute Income Planning Team with any questions</b> Phone: 1-877-245-0763 or IPLNDESK@nationwide.com		
Use this questionnaire with the Social Security 360 Analyzer <sup>SM</sup> . Access the tool at <a href="http://nationwidefinancial.com/socialsecurity">nationwidefinancial.com/socialsecurity</a> .		<b>OR</b> Send this questionnaire for the Income Planning Team to run a report. Fax the questionnaire to 1-855-256-4220.
First name:	MI:	Last name:
Broker/Dealer:		
Email:	Phone:	Fax:
Is this a self-assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wholesaler name (if applicable):	
Is this for a client or prospect? <input type="checkbox"/> Client <input type="checkbox"/> Prospect		

To help you and your advisor gather the information you need to make a suitable Social Security filing decision, answer the questions below and bring this form to a Social Security planning meeting with your advisor.


**BEFORE YOU BEGIN:** Get a current Social Security benefit estimate for yourself and your spouse by downloading your current statements when you register or log in to your “my Social Security” account online ([www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)).

**Your marital status:**  Married  Widowed  Divorced  Single  
*(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:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy): ____/____/____
What life expectancy are you planning for? ____ years ____ months <input type="checkbox"/> Use average life expectancy	
Have you already started Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what age? ____ Filing date: ____/____/____	
What is your gross monthly Social Security benefit amount? _____	
Do you have a pension from employment in which you did NOT pay Social Security taxes (typically government or non-profit employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, Page 3 of your SS benefit statement “Your earnings statement” is required with this client questionnaire to generate a report.</b>	
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 your current Social Security benefit statement.	
Statement date: ____/____/____	
Your estimated monthly benefits at full retirement age: \$ _____	Current benefit if already elected? \$ _____
At what age do you plan to stop working? _____	
If you're planning to work after 62, what is your anticipated annual employment income? \$ _____	

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

## About your spouse

First name:	Last name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy): ____/____/____
What life expectancy are you planning for? ____ years ____ months <input type="checkbox"/> Use average life expectancy	
Have you already started Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what age? ____ Filing date: ____/____/____	
Do you have a pension from employment in which you did NOT pay Social Security taxes (typically government or non-profit employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, Page 3 of your SS benefit statement "Your earnings statement" is required with this client questionnaire to generate a report.</b>	
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: \$ _____ Current benefit if already elected? \$ _____
At what age do you plan to stop working? _____
If you're planning to work after 62, what is your anticipated annual employment income? \$ _____

## Your Retirement income assumption

What is your desired monthly pre-tax household income upon retirement? \$ _____
Your current benefit if already elected? \$ _____ What is your desired monthly pre-tax household income after the death of one spouse? \$ _____

## If you're widowed

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

Spouse name:	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 to that spouse 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 name:	Date of birth (mm/dd/yy): ____/____/____
What is your ex-spouse's anticipated life expectancy? ____ years ____ months <input type="checkbox"/> 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)? \$ _____	



## What's next?

Bring your completed questionnaire along with your Social Security earnings statement to your next meeting with your financial advisor. You may also be eligible for additional benefits under special circumstances. Talk with your advisor about your individual family situation to see if these situations pertain to you.

• 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 questionnaire will be kept confidential and used to provide an estimate of your Social Security benefits in retirement. For more information on how Nationwide Financial protects your personal information, visit our online privacy policy at [www.nationwide.com/privacy-security.jsp](http://www.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.

Social Security 360 Analyzer is a service mark of Nationwide Life Insurance Company. Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company. © 2016 Nationwide  
NFM-11991AO.5 (01/16)