



Nationwide®

Complete this form and return it to Ralph Hoskins, CFP, Chfc, Personal Retirement

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Social Security 360 Analyzer® Fact Finder

Retirement Specialist: _____ Plan Sponsor/Employer: _____

PARTICIPANT CONTACT INFORMATION		
First name:	Last name:	
Email:	Phone:	Fax:
I would like to review the Social Security 360 Analyzer® results with a licensed Nationwide representative: <input type="checkbox"/> Yes <input type="checkbox"/> No		



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

Answer the questions below and bring this form to a Social Security planning meeting with your Retirement Specialist. (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	
Your marital status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
Sex: <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 (Male= 86 years, Female=89 years) ¹	
Have you already started taking Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Page 3 of your SS benefit statement ("Your earnings statement") is required with this questionnaire to generate a 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 <small>For this section, please refer to a current Social Security benefit statement.</small>	
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 age 62, what is your anticipated annual employment income? \$_____	

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? \$_____

¹ Life expectancy for a married couple at age 65, 2015 LIMRA Retirement Income Reference Book

After this section is complete, please continue 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 (Male= 86 years, Female=89 years)*

Have you already started taking 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") is required with this client questionnaire to generate a 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 age 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)? \$_____

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 protects your personal information, visit our online privacy policy at 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.

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