

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



Nationwide<sup>®</sup>

RAYMOND JAMES<sup>®</sup>

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>®</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 <b>1-855-256-4220</b> .
First name: <b>Sean</b>	MI:	Last name: <b>Cavanaugh</b>
Broker/Dealer: <b>Raymond James</b>		
Email: <b>sean.cavanaugh@raymondjames.com</b>	Phone: <b>877.462.2011</b>	Fax: <b>619.462.2015</b>
Is this a self-assessment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wholesaler name (if applicable):	
Is this for a client or prospect? <input type="checkbox"/> Client <input checked="" 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:  Male  Female

Date of birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

What life expectancy are you planning for? \_\_\_\_ years \_\_\_\_ months  Use average life expectancy

Have you already started Social Security benefits?  Yes  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)?  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: \$ \_\_\_\_\_ 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  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 NCUA insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

Raymond James & Associates, Inc., member New York Stock Exchange / SIPC and Raymond James Financial Services, Inc., member FINRA / SIPC are subsidiaries of Raymond James Financial, Inc. and are independent of Nationwide. Raymond James® is a registered trademark of Raymond James Financial, Inc. Investment products are: not deposits, not FDIC/NCUA insured, not insured by any government agency, not bank guaranteed, subject to risk and 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-RJ (02/16)