

Information Form



SOCIAL SECURITY SOLUTIONS
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www.ssalyzer.com

Relationship (Circle one) Married Single Widow Divorced

Date of Divorce or Death ____/____/____

Estimated Monthly Retirement Income Budget: _____

Client

First Name _____ Last Name _____

Date of Birth ____/____/____ Gender M F Life Expectancy Age _____

Spouse

First Name _____ Last Name _____

Date of Birth ____/____/____ Gender M F Life Expectancy Age _____

At what age do you plan on starting Social Security? Client _____ Spouse _____

What is the monthly Primary Insurance Amount ("Estimated Benefit at Full Retirement")?

Client: _____ Spouse: _____

Directions to get your "Primary Insurance Amount" (Full Benefit Amount on Social Security Statement)

- <http://www.ssa.gov>
- Click the "BENEFITS" tab and under "Manage" - click on "Check your information or benefits"
- To "Create an Account" open "*my Social Security*" link
- Create an account if you are new user (you will need a valid E-mail address, a Social Security Number, U.S. mailing address, and be 18 years of age or older)
- Write the "Estimated Benefit at Full Retirement" in the appropriate boxes above
- Print and save (PDF) full statement. Bring a hard copy to the meeting. Save for your records.

Email Address : _____ (To Send Report)

Phone number to contact if there are questions: _____

Do you have a "Non-Covered Pension" (this is not common)?

This applies to some federal, police, ministerial, teachers, and other public employees. Yes / No

<u>If Yes</u>	<u>Client</u>	<u>Spouse</u>
Monthly Pension	\$ _____	\$ _____
Pension Start Date	____/____/____	____/____/____
Pension Growth Rate	_____ %	_____ %