

Information Form

Relationship (Click 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: _____

Are you currently taking Social Security Benefits? Y N Start Date: _____

Current Monthly Amount: _____ Monthly Primary Insurance Amount: _____
(Estimated Benefit at Full Retirement)

Spouse:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: M F Life Expectancy Age: _____

Are you currently taking Social Security Benefits? Y N Start Date: _____

Current Monthly Amount: _____ Monthly Primary Insurance Amount: _____
(Estimated Benefit at Full Retirement)

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

- Visit <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: _____ Phone: _____
(To Send Report) (If Questions Arise)

Do you have a "Non-Covered Pension" (this is not common)? Yes No
This applies to some federal, police, ministerial, teachers, and other public employees.

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