



Complete this form and return to the Participant Solutions Center:

INVESTNW@nationwide.com

Fax: 1-888-807-2140 • Phone: 1-866-975-6363

Social Security 360 AnalyzerSM fact finder

Date: _____

Referring Retirement Specialist:

Participant Contact Information

First Name: _____ MI: _____ Last Name: _____

Email: _____ Phone: _____ Fax: _____

Yes, I would like to receive information on Social Security in retirement from a licensed financial representative.

Signature: _____ **Date:** _____

Participant and Spouse/Partner Information

Couples and partners sharing a household should complete all of the fields below, even if you are planning for only one spouse or partner.

	First Name	Last Name	Gender	Current Age	Retirement Age	Retirement Location	
						City	State
Participant							
Spouse/Partner							



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).

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: 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: ____/____/____
 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)? 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 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? \$____

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?

Please ensure this form has been completed to avoid delays in receiving the analysis. A licensed Nationwide Representative will contact you within 1-5 business days to review the results with you.

Should you need assistance with completing this form, please contact us at 1-866-975-6363.



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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 <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.

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