



## Social Security / Retirement Income Strategy Questionnaire

For many retirees, Social Security represents a portion of the income they will rely on during retirement. That's why it's important to carefully consider not only when to claim Social Security benefits, but also how to incorporate your unique circumstances, challenges, and goals into this decision. Working with a financial professional who can help you identify potential obstacles, or even uncover opportunities to enhance your current retirement income strategy, is a step toward creating an informed and empowered retirement. Please complete the questionnaire below for you and your spouse, if applicable, to begin the process.

### Tell Us About You

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Still working? ☐ Yes ☐ No

If yes, annual earnings: \_\_\_\_\_

Planned retirement age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Still working? ☐ Yes ☐ No

If yes, annual earnings: \_\_\_\_\_

Planned retirement age: \_\_\_\_\_

### Social Security Benefits

Currently collecting Social Security? ☐ Yes ☐ No

If yes, amount of monthly benefit: \_\_\_\_\_

At what age did payments begin? \_\_\_\_\_

If No, estimated benefit at full retirement age\*: \_\_\_\_\_

Desired age to claim benefit: \_\_\_\_\_

If uncertain, check here ☐

\*Please provide a copy of both your Social Security benefit and earnings statements. You may download both by logging into your online account at <https://secure.ssa.gov/RIL/SiView.action>

Currently collecting Social Security? ☐ Yes ☐ No

If yes, amount of monthly benefit: \_\_\_\_\_

At what age did payments begin? \_\_\_\_\_

If No, estimated benefit at full retirement age\*: \_\_\_\_\_

Desired age to claim benefit: \_\_\_\_\_

If uncertain, check here ☐

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## Medicare Enrollment

Currently enrolled in Medicare? ☐ Yes ☐ No

If yes, ☐ Part A, ☐ Part B or ☐ both.

If no, when do you plan to enroll? \_\_\_\_\_

Will you enroll in Part A, Part B or both? \_\_\_\_\_

Do you have coverage with your current employer or your spouse's employer? \_\_\_\_\_

Does the employer have 20 or more employees?

☐ Yes ☐ No

If you are covered under a government health plan, which one? \_\_\_\_\_

Currently enrolled in Medicare? ☐ Yes ☐ No

If yes, ☐ Part A, ☐ Part B or ☐ both.

If no, when do you plan to enroll? \_\_\_\_\_

Will you enroll in Part A, Part B or both? \_\_\_\_\_

Do you have coverage with your current employer or your spouse's employer? \_\_\_\_\_

Does the employer have 20 or more employees?

☐ Yes ☐ No

If you are covered under a government health plan, which one? \_\_\_\_\_

## Government Benefits\* (if no, skip section)

Eligible for a government pension? ☐ Yes ☐ No

Name of your employer: \_\_\_\_\_

Amount of government pension: \_\_\_\_\_

Commencement date: \_\_\_\_\_

In lieu of pension, lump-sum amount. Date of payment? \_\_\_\_\_

\*Please provide a copy of your complete Social Security earnings statement

Eligible for a government pension? ☐ Yes ☐ No

Name of your employer: \_\_\_\_\_

Amount of government pension: \_\_\_\_\_

Commencement date: \_\_\_\_\_

In lieu of pension, lump-sum amount. Date of payment? \_\_\_\_\_

\*Please provide a copy of your complete Social Security earnings statement

## Planning Assumptions

Life expectancy assumption:

COLA assumption:

Life expectancy assumption:

COLA assumption:

## Divorce Checklist

(complete even if you remarried)

Currently unmarried? ☐ Yes ☐ No

Is former spouse at least 62? ☐ Yes ☐ No

Did the marriage last 10 years? ☐ Yes ☐ No

Date of dissolution of marriage: \_\_\_\_\_

Former spouse's PIA\*: \_\_\_\_\_

Not known: ☐

Former spouse alive? ☐ Yes ☐ No ☐ Unsure

\*Primary Insurance Amount

Currently unmarried? ☐ Yes ☐ No

Is former spouse at least 62? ☐ Yes ☐ No

Did the marriage last 10 years? ☐ Yes ☐ No

Date of dissolution of marriage: \_\_\_\_\_

Former spouse's PIA\*: \_\_\_\_\_

Not known: ☐

Former spouse alive? ☐ Yes ☐ No ☐ Unsure

\*Primary Insurance Amount

## Survivor Checklist (if applicable)

Have you remarried? ☐ Yes ☐ No

If yes, age at remarriage: \_\_\_\_\_

Deceased spouse's age at death: \_\_\_\_\_

Benefit amount at time of death: \_\_\_\_\_

Have you remarried? ☐ Yes ☐ No

If yes, age at remarriage: \_\_\_\_\_

Deceased spouse's age at death: \_\_\_\_\_

Benefit amount at time of death: \_\_\_\_\_

## Dependent Checklist

Do you have dependents? ☐ Yes ☐ No

If yes, how many are under age 18 and enrolled in school full-time? \_\_\_\_\_

\_\_\_\_\_

If yes, how many under age 19 and enrolled in high-school full-time? \_\_\_\_\_

\_\_\_\_\_

If yes, how many are disabled and cared for at home? \_\_\_\_\_

If disabled, age at which disability began: \_\_\_\_\_

Is your disabled child currently collecting Supplemental Security Income (SSI)? ☐ Yes ☐ No

If yes, monthly amount? \_\_\_\_\_

Financial Assets

Source	Owner	Value
Traditional IRAs		
Traditional IRAs		
Roth IRAs		
Roth IRAs		
Company Retirement Plans (indicate plan type and pre-tax or Roth)		
Company Retirement Plans (indicate plan type and pre-tax or Roth)		
Checking / Savings / Money Market		
Non-Qualified Annuities		
Stocks / Bonds		
Mutual Funds		
Certificates of Deposit		
Other		

Life / Long-Term Care Insurance/Asset-Based Long-Term Care

Type	Insured	Owner	Death /LTC/ Rider Benefit	Cash Value

Besides Social Security, Other Sources of Protected Income in Retirement

Type	Start Age	End Age (if applicable)	Survivorship? (Y/N)	If Yes, What Percent to Survivor?

Income Need in Retirement

Amount	Start Age	End Age (if applicable)
Cost-of-living assumption on income:		

Concerns in Retirement

Potential Concerns*	You	Your Spouse
The impact of income taxes on my income		
Leaving a legacy		
Long-term care for myself		
Long-term care for my spouse		
Healthcare costs in retirement		
Having enough income		
Running out of money		
Planning for my surviving spouse's income		
Other		

\*order in number of importance

Please provide additional details that are important to you: