

Social Security Client Information Form		
Phone #:		Email:
DATE:	CLIENT:	SPOUSE or EX-SPOUSE*:
Name:		
Birthdate:		
Current age:		
Social Security Income Data: Please email us current copies of your Social Security Statement(s) www.ssa.gov		
Are you currently receiving SS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, when did you begin collecting?	_____ Monthly amt: _____	_____ Monthly amt: _____
Est. Social Security monthly amounts: FRA= Full Retirement Age	Age 62: \$ _____ FRA: \$ _____ Age 70: \$ _____	Age 62: \$ _____ FRA: \$ _____ Age 70: \$ _____
Future Work and Earnings:		
When do you plan to stop working? Other comments:	Month/Year: _____	Month/Year: _____
Projected future earnings, annual increase Other comments:	\$ _____/current year + _____% annual increase	\$ _____/current year + _____% annual increase
When do you plan to collect SS benefits? Other comments:	Month/Year: _____	Month/Year: _____
Pension Information:		
Do you or will you receive a pension(s)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, annual amount?	\$ _____ Start date: ____/____/____	\$ _____ Start date: ____/____/____
If YES, is pension from work that also paid into Social Security?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Pension Information:	Annual Increase % to Survivor _____ % _____	Annual Increase % to Survivor _____ % _____
Projected Life Expectancy:	See www.livingto100.com	
Use maximum estimated life expectancy	70 75 80 85 90 95	70 75 80 85 90 95
Relationship Status:		
Please include all marriages, divorces* and deaths.	Single: <input type="checkbox"/> Married: <input type="checkbox"/> number of years _____ Divorced:* <input type="checkbox"/> years married _____ Widowed: <input type="checkbox"/> Date of marriage: ____/____/____ Date of death: ____/____/____	Single: <input type="checkbox"/> Married: <input type="checkbox"/> number of years _____ Divorced:* <input type="checkbox"/> years married _____ Widowed: <input type="checkbox"/> Date of marriage: ____/____/____ Date of death: ____/____/____
Do you have any children? You only need to answer yes if children are under age 19 or still in high school, or were permanently disabled before age 22. If yes, please list all names and birth dates:		YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there anything else we should know about you?		

*Ex-spouse benefits may be available if you were married at least 10 years, are currently unmarried and are at least 62 years old.