

Social Security 360 AnalyzerSM fact finder



Complete this form and return to the Participant Solutions Center:
INVESTNW@nationwide.com
Fax: 888-807-2140 • Phone: 1-866-975-6363

Date: _____

Participant Contact Information			
First Name:	MI:	Last Name:	
Email:	Phone:	Fax:	
Yes, I would like to receive information on health care costs 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. The assessment considers the availability of receiving care from a spouse or partner in determining the health care and long-term care cost estimate.							
	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: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth (mm/dd/yy): ____/____/____
What life expectancy are you planning for? _____ years _____ months
Have you already started Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Page 3 of your SS benefit statement “Your earnings statement” is required with this client questionnaire to generate a report.</i> 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 Social Security benefits at full retirement age (FRA): \$ _____
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

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 Social Security benefits at full retirement age (FRA): \$_____

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): ____/____/____

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

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 Financial 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.



Nationwide[®]

• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution
• Not insured by any federal government agency • May lose value

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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