

Social Security 360 Analyzer® Fact Finder

Wholesaler name: _____

FINANCIAL PROFESSIONAL CONTACT INFORMATION:		☐ BROKER/DEALER	☐ BGA	☐ IMO	☐ RIA
First name:	Last name:				
Firm/BGA/IMO name:	Phone:				
Send report to (email):	Address (street, city, state, ZIP code):				



Before you begin: Log in and download your current Social Security statement at ssa.gov/myaccount.

Answer the questions below and bring this form to a Social Security planning meeting with your financial professional.

(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: _____	
Your marital status:	Single	Married	Widowed
	Divorced	Times previously married _____	
*As needed, please provide information about any former spouses not covered by this form.			
Sex at birth:	M	F	Date of birth (mm/dd/yy): ____/____/____
		Planned retirement age: ____ years	
What life expectancy are you planning for? ____ years ____ months		Use average (men = 86 years, women = 89 years)	
Currently collecting Soc. Security?	Y	N	If yes, current monthly benefits: \$____ Date benefits claimed (mm/yy): ____/____

Your earnings

Log in to ssa.gov/myaccount and download both your current Social Security statement and full earnings history, and submit them with this completed Fact Finder.

Your Social Security statement's income projections assume you work until full retirement age (FRA). If you stop working at any other age, we encourage that you submit your earnings history with this fact finder to help improve projections.

Current annual wage income \$_____
If not currently collecting, what are your estimated monthly benefits at full retirement age (or your current benefit estimate if past FRA): \$_____
Statement date (mm/yy): ____/____
Do you plan to work in retirement? Yes No
Expected annual earnings during first year of retirement _____ Age at termination of this work _____

Government or nonprofit employees/former employees

Do you have a pension from employment in which you did NOT pay Social Security taxes? Yes No
What is the monthly pension amount? \$_____ When does this pension start? (mm/yy): ____/____
If your pension has a cost of living adjustment (COLA), by what percent does it increase each year? _____%

Your retirement income goal (today's dollars)

What is your desired monthly pretax household income upon retirement? \$_____
What is your desired monthly pretax household income after the death of your spouse? \$_____

After this section is complete, please continue to the next page.

About your spouse

First name: _____

Last name: _____

Sex at birth: M F

Date of birth (mm/dd/yy): _____ / _____ / _____

Planned retirement age: _____ years

What life expectancy are you planning for? _____ years _____ months

Use average (men = 86 years, women = 89 years)

Is your spouse collecting Soc. Security? Y N

If yes, current monthly benefits: \$ _____

Date benefits claimed (mm/yy): _____ / _____

Your spouse's earnings

Log in to ssa.gov/myaccount and download both your current Social Security statement and full earnings history, and submit them with this completed Fact Finder.

Your spouse's current annual wage income \$ _____

If not currently collecting, what are your spouse's estimated monthly benefits at full retirement age (or their current benefit estimate if past FRA):
\$ _____ Statement date (mm/yy): _____ / _____

Does your spouse plan to work in retirement? Yes No

Your spouse's expected annual earnings during first year of retirement _____ Age at termination of this work _____

Government or nonprofit employees/former employees

Does your spouse have a pension from employment in which they did NOT pay Social Security taxes? Yes No

What is the monthly pension amount? \$ _____ When does this pension start? (mm/yy): _____ / _____

If your pension has a cost of living adjustment (COLA), by what percent does it increase each year? _____%

If you're widowed

If eligible for survivor benefits, you will need proof of marriage and death to retrieve benefits for a deceased spouse when you visit your local SSA office.

Deceased spouse's 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 benefit at Full Retirement Age (FRA) for your deceased spouse? \$ _____

If you're divorced

You may be eligible for benefits based on an ex-spouse's record, if you were married 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's 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 is your ex-spouse's monthly retirement benefit at his/her full retirement age? \$ _____

• 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 fact finder will be kept confidential and used to provide an estimate of your Social Security benefits in retirement. For more information on how Nationwide protects your personal information, visit our online privacy policy at 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.

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

The information on this sheet is provided for informational purposes only and should not be construed as investment, tax or legal advice. The information provided is based on current laws which are subject to change at any time, and has not been endorsed by any government agency.

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NFM-11991AO.16 (05/24)