

SOCIAL SECURITY ANALYSIS & STRATEGY REPORT

CURRENT RELATIONSHIP STATUS (SELECT ONE):

☐ Married ☐ Single ☐ Widowed ☐ Divorced Date of divorce or death: _____

Estimated monthly retirement spending budget: \$ _____

CLIENT:

First name: _____ Last name: _____

☐ Male ☐ Female Date of birth: _____

Phone: _____ Email: _____

Estimated life expectancy age: _____

Are you employed? ☐ Yes ☐ No If yes, current gross income: _____

Desired retirement age: _____ Do you plan to work part-time after retirement? ☐ Yes ☐ No

Were you previously married? ☐ Yes ☐ No

Are you currently taking Social Security? ☐ Yes ☐ No

Start date of collecting benefits: _____ If yes, current monthly amount: _____

Monthly primary insurance amount: _____

(Estimated benefit at Full Retirement Age)

You will be required to upload your S.S. Statement

SPOUSE:

First name: _____ Last name: _____

☐ Male ☐ Female Date of birth: _____

Phone: _____ Email: _____

Estimated life expectancy age: _____

Are you employed? ☐ Yes ☐ No If yes, current gross income: _____

Desired retirement age: _____ Do you plan to work part-time after retirement? ☐ Yes ☐ No

Were you previously married? ☐ Yes ☐ No

Phone (if Questions Arise): _____

First name: _____ Date of birth: _____

High school graduation date: _____

Email Address to send report: _____

Phone (if Questions Arise): _____

Additional Information or Concerns: If you have investments that you would like us to incorporate, please note it here. Do you have a pension? If so, were there SS deductions in all years? What is the monthly pension benefit? When is the start date? Is there a cost of living adjustment? If so, how much annually? Please also upload your SS Earnings Record.

Once completed, [CLICK HERE](#) to upload this document and your Social Security statement. You will receive an email acknowledging your upload from a representative with further instructions within one business day. Please note we are closed on weekends.



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