

ABOUT	YOU

Legal Name:	_ Spo	use Legal Name:		
Date of Birth:	_ Dat	e of Birth:		
	Self		Spouse	
Current Marital Status:	Single	Married		
Previous Marital Status:	Divorced	Widowed	Divorced	Widowed
What is your Life Expectancy?		Use average		Use average
YOUR EARNINGS AND RETIREMENT INCOM	ME ASSUMPTIO	NS		
Are you currently collecting SS benefits?	Yes	No	Yes	No
If yes, what is the monthly amount?	\$		\$	
Current Employment Income:	\$		\$	
At what age do you plan to stop working?				
Employment income after age 62?	\$		\$	
Your estimated SS benefits at full retirement age?	\$		\$	
Do you have a pension from employment in which you did NOT pay Social Security Ta	Yes axes?	No	Yes	No
If yes, what was the monthly amount? When does the pension start?	\$		\$	
Cost of living adjustment?		<u> </u>		%

To access your Social Security statement, create an account online at ssa.gov/myaccount

^{*}If you are, or have been divorced or widowed, please continue and complete page 2

IF YOU'RE WIDOWED -

If eligible for survivor benefits, you will	need proof of marriage and death wh	en you visit your local SSA office.	
Deceased spouse's date of birth:			
How long were you married?	years	months	
What monthly benefit amount would you widow/widower's benefit at full retireme	•	\$	
What was the primary insurance amount	(PIA) of your deceased spouse?	\$	
IF YOU'RE DIVORCED - You may be eligible for benefits if you were we	married for at least 10 years. You wi hen you visit your local SSA office.	ll need proof of marriage and divord	
Ex-spouse's date of birth:			
How long were you married?	years	months	
At what age does your ex-spouse plan to	claim benefits?		
What monthly benefit amount would you spousal benefit at full retirement age?	u receive if you select	\$	

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