



Complete this form and have your financial professional return it and your earnings history to the Insights and Solutions Planning Team.

NRIplanning@nationwide.com

Fax: 1-855-256-4220

Have questions? Call 1-877-245-0763.

Social Security 360 Analyzer[®] Fact Finder

Your Nationwide wholesaler's name: _____

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

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


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: Male Female	Date of birth (mm/dd/yy): ____ / ____ / ____
Desired retirement age ____ Desired retirement state of residence _____	

Life expectancy Choose one option below.

1. Provide your estimated life expectancy (age) ____ (if not specified, a default life expectancy of age 86 male or 89 female will be used) *OR*
2. Get a tool-calculated life expectancy (based on sex, date of birth and the following optional health information)
High blood pressure High cholesterol Type 1 diabetes Type 2 diabetes Multiple sclerosis
Current tobacco use Dependent on cane, walker, wheelchair Cardiovascular disease (diagnosed ____ years ago)
Family history of diabetes or cardiovascular disease Cancer (diagnosed ____ years ago)


Your earnings

 When you see the dollar sign icon, refer to your (or your spouse's) earnings history. 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 \$ _____	
Your estimated monthly benefits at full retirement age or current benefit amount (if past FRA): \$ _____	
Statement date (mm/yy): ____ / ____	
Currently collecting Social Security benefits?	Yes No If yes, current monthly benefit: \$ _____
Do you plan to work in retirement?	Yes No Date benefits claimed (mm/yy): ____ / ____
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 assumption

What is your desired annual pretax household income upon retirement? \$ _____ (future dollars)	
After the death of a spouse, how should your income level change? (please note if change is + or -) _____ % or \$ _____	
Percent of income that is considered modified adjusted gross income (MAGI) _____ Unsure (defaults to 100%)	
(For help, see ssa.gov/OP_Home/handbook/handbook.25/handbook-2501.html .)	

See sections on next page.

About your current spouse

First name:	Last name:
Sex at birth: Male Female	Date of birth (mm/dd/yy): ____ / ____ / ____
Your spouse's desired retirement age ____	Date of marriage (mm/yy): ____ / ____

Life expectancy Choose one option below.

1. Provide your spouse's estimated life expectancy (age) ____ *OR*
2. Get a tool-calculated life expectancy (based on sex, date of birth and the following health information)
High blood pressure High cholesterol Type 1 diabetes Type 2 diabetes Multiple sclerosis
Current tobacco use Dependent on cane, walker, wheelchair Cardiovascular disease (diagnosed ____ years ago)
Family history of diabetes or cardiovascular disease Cancer (diagnosed ____ years ago)

Has your spouse already started Social Security benefits? Yes No If yes, at what age? ____
If so, how much is their monthly benefit currently? \$ ____

Your spouse's earnings



When you see the dollar sign icon, refer to your (or your spouse's) earnings history. 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 \$ ____

Your spouse's estimated monthly benefits at FRA (your spouse's primary insurance amount, or PIA): \$ ____
Statement date (mm/yy): ____ / ____

Is your spouse collecting Social Security benefits? Yes No If yes, current monthly benefit: \$ ____
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): ____ / ____ / ____ Date of death (mm/dd/yy): ____ / ____ / ____

Was your spouse receiving benefits? Yes No If yes, at what age did benefits begin? ____ Years Months

What was your late spouse's monthly retirement benefit when they passed away? \$ ____

What amount is the survivor eligible for at their full retirement age? \$ ____

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): ____ / ____ / ____ Were you married for 10 years or longer? Yes No

What is your ex-spouse's anticipated life expectancy? ____ years Use average life expectancy Deceased

What is your ex-spouse's monthly benefit at their full retirement age? \$ ____ Ex-spouse's sex at birth: ____

Ex-spouse's expected claim age: ____ Years ____ Months

• 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.

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