



Nationwide®

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Complete this form and have your advisor return it to the Retirement Institute Income Planning Team.

Have questions? Call 1-877-245-0763

Social Security 360 Analyzer® Fact Finder

Wholesaler name: _____ Meeting reference: _____

REPORT REQUESTED BY:		<input checked="" type="checkbox"/> BROKER/DEALER	<input type="checkbox"/> BGA	<input type="checkbox"/> IMO	<input type="checkbox"/> RIA
First Name: Eric	Last Name: Rolshoven				
Firm/BGA/IMO Name: AISG Securities	Phone: 406-240-7659				
Send Report To (Email): erolshoven@aisgadviser.com	Address (Street, City, State, Zip Code): P.O. Box 1107 Florence, Mt 59833				



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

Answer the questions below and bring this form to a Social Security planning meeting with your advisor.
(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: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy): ____/____/____
What life expectancy are you planning for? ____ years ____ months <input type="checkbox"/> Use average (Male= 86 years, Female=89 years) ¹	
Have you already started Social Security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what age? ____ Filing date: ____/____/____ If so, how much is the monthly benefit you're currently receiving? \$ ____	

Government or Non-profit Employees/Former Employees

Do you have a pension from employment in which you did NOT pay Social Security taxes? ☐ Yes ☐ No

If yes, Page 3 of your SS benefit statement "Your earnings statement" is required with this 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 earnings For this section, please refer to a current Social Security benefit statement.

Statement date: ____/____/____
Your estimated monthly benefits at full retirement age: \$ _____
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? \$ _____ (TODAY'S DOLLARS)
What is your desired monthly pre-tax household income after the death of your spouse? \$ _____

¹ Life expectancy for a married couple at age 65, 2015 LIMRA Retirement Income Reference Book

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 ☐ Use average (Male= 86 years, Female=89 years)*

Have you already started Social Security benefits? ☐ Yes ☐ No If yes, at what age? ____ Filing date: ____/____/____
If so, how much is the monthly benefit you're currently receiving? \$ ____

Government or Non-profit Employees/Former Employees

Do you have a pension from employment in which you did NOT pay Social Security taxes? ☐ 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 benefits at full retirement age: \$ ____

At what age do you plan to stop working? ____

If you're planning to work after 62, what is your anticipated annual employment income? \$ ____

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 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 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 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)? \$ ____

• 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 protects your personal information, visit our online privacy policy at 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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NFM-11991AO.8 (01/18)