

Social Security Maximization



First Name: _____ Last Name: _____ DOB: _____ PIA: _____

First Name: _____ Last Name: _____ DOB: _____ PIA: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Cell: _____ E-Mail: _____

Please select meeting preferences: Office Residence

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

I/We would like resources, fixes or 2nd opinion for:

- Social Security Income
- Comprehensive Financial Planning
- Investments 2nd Opinion (IRA, 401(k), pension, mutual funds, annuity)
- Life Insurance Review
- Estate Planning
- Taxes/Accounting
- I know a co-worker, friend, or family member who might like help with Social Security or one the items above.
- I know of a company, service, club, or community organization that might like to hear your talk on Social Security or one of the topics above.

Please rate workshop on a scale of 1 to 5 (5=best)

1 2 3 4 5



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Data Intake Form



Client		Spouse	
First & Last Name		First & Last Name	
DOB	Gender	DOB	Gender
SS Primary Insurance Amount (at Full Retirement Age)	\$	SS Primary Insurance Amount (at Full Retirement Age)	\$
Already Taking SS? Y <input type="checkbox"/> N <input type="checkbox"/> SSDI <input type="checkbox"/>	If Yes, When Did You Start? _____ / _____ MM/YYYY	Already Taking SS? Y <input type="checkbox"/> N <input type="checkbox"/> SSDI <input type="checkbox"/>	If Yes, When Did You Start? _____ / _____ MM/YYYY
Use Life Expectancy Table? <input type="checkbox"/>	or Specify Life Expectancy Age: _____	Use Life Expectancy Table? <input type="checkbox"/>	or Specify Life Expectancy Age: _____
Annual Salary \$	Age You Would Like to Retire?	Annual Salary \$	Age You Would Like to Retire?

Other Sources of Income

- Amount \$ _____ Start Age _____ Client/Spouse *Type of Income _____
- Amount \$ _____ Start Age _____ Client/Spouse *Type of Income _____
- Amount \$ _____ Start Age _____ Client/Spouse *Type of Income _____

*If you receive a pension from employment in which you did not pay Social Security taxes, your benefits may be reduced by the Windfall Elimination Provision (WEP) and/or the Government Pension Offset (GPO). You must provide your full SS statement with earnings history to calculate the estimated WEP and GPO reductions. PIA and earnings history may be obtained online at www.ssa.gov.

Divorced or Widowed Spouse/Ex-Spouse DOB _____

Spouse/Ex-Spouse Primary Insurance Amount \$ _____

Spousal/Survivor Benefit amount you would receive at your full retirement age \$ _____

If you do not have this information, it can be obtained from your local SSA office. They may require proof of marriage as well as proof of divorce/death.

How to fill the Income Gap – Do you want to use the *recommended* SS strategy? Y N

☆ Monthly Income Desired? \$ _____

☆ Starting in Year _____

Additional Information:

Assumed SS COLA: _____ %

Include Medicare Estimates:

Y N

Agent Name:

Date:

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