**Social Security Questionnaire**

1. **Personal/Contact Information**

|  |  |
| --- | --- |
| **Your Name**: | Click here to enter text. *[The space will expand as you type]* |
| Date of birth | Click here to enter a date. *[If it’s easier, just type in the date]* |
| Cell phone number  | Click here to enter text. |
| Landline number | Click here to enter text. |
| E-mail Address | Click here to enter text. |
| **Spouse Name** | Click here to enter text. |
| Date of birth | Click here to enter a date. |

1. If you or your spouse is **still working**, please provide the requested information:

|  |  |
| --- | --- |
| **Your** “stop working” date | Click here to enter a date. |
| **Spouse** “stop working” date | Click here to enter a date. |

“**Stop working date**” means the date after which you do not expect to report any earnings from employment.

1. **Expected *earnings* each year until “stop working” date**: “**Earnings**” means income received from ***employment***; it does not include items like investment income, pensions, annuities, royalties, gifts, or inheritances.

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| --- | --- | --- | --- |
| 2022 | Click here to enter text. | 2027 | Click here to enter text. |
| 2023 | Click here to enter text. | 2028 | Click here to enter text. |
| 2024 | Click here to enter text. | 2029 | Click here to enter text. |
| 2025 | Click here to enter text. | 2030 | Click here to enter text. |
| 2026 | Click here to enter text. | 2031 | Click here to enter text. |

**Spouse**

|  |  |  |  |
| --- | --- | --- | --- |
| 2022 | Click here to enter text. | 2027 | Click here to enter text. |
| 2023 | Click here to enter text. | 2028 | Click here to enter text. |
| 2024 | Click here to enter text. | 2029 | Click here to enter text. |
| 2025 | Click here to enter text. | 2030 | Click here to enter text. |
| 2026 | Click here to enter text. | 2031 | Click here to enter text. |

1. **If you are currently married**, **the** **date of this marriage**

|  |
| --- |
| Click here to enter a date. |

1. **If your marital situation is likely to change in the foreseeable future, please explain:** It would be important for me to know if you expect to **get divorced**; if you are **contemplating marriage**; or if you or your spouse is faced with a **life-threatening health** situation.

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| --- |
| Click here to enter text. |

1. If either you or your spouse is not a **United States citizen,** please explain here:

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| --- |
| Click here to enter text. |

1. **Former marriages:**  If you or your spouse were ***married previously***, please indicate the number of years married and whether the marriage ended by divorce or death.

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| --- |
| Click here to enter text. |

1. If you have any **minor children** livingat home please provide the requested information:

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| --- | --- | --- |
| First Name | Date of Birth | High School Graduation Date |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. |

1. If you have any **Disabled Adult Children** (disabled before 22) in your care, please explain:

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| --- |
| Click here to enter text. |

1. If you or your spouse **currently receives Social Security** **benefits** please describe exactly:

|  |  |
| --- | --- |
| **Specify** retirement, spousal, disability, or survivor | Click here to enter text. |
| **Month and year benefits began****You** | Click here to enter a date. |
| **Current monthly benefits** | Click here to enter text. |

**Spouse**

|  |  |
| --- | --- |
| **Specify** retirement, spousal, disability, or survivor | Click here to enter text. |
| **Month and year benefits began** | Click here to enter a date. |
| **Current monthly benefits** | Click here to enter text. |

Please indicate **gross benefits**, before deductions for Medicare premiums or withholding. Benefits are paid in arrears, and “***began***” the month *before* you received your first payment.

1. If you or your spouse receives, or expects to receive, a **pension** based on earningson which **Social Security taxes were not paid**, please indicate:

**You**

|  |  |
| --- | --- |
| Monthly pension amount | Click here to enter text. |
| Date pension payments began (or will begin) | Click here to enter a date. |

|  |  |
| --- | --- |
| Monthly pension amount**Spouse** | Click here to enter text. |
| Date pension payments began (or will begin) | Click here to enter a date. |

1. **Please prioritize the following items 1 through 4 in order of their importance to you, where 1 is most important and 4 is least important.** If any item is of little or no interest to you, please assign it a **0** or leave it out of the ranking.

|  |  |
| --- | --- |
| Click here to enter text. | Maximize the ***total lifetime benefits*** you will both receive from the Social Security system over your assumed life expectancies  |
| Click here to enter text. | Maximize the **combined monthly benefits** you will receive at **older ages** (70’s and 80’s) |
| Click here to enter text. | Maximize benefits that the **survivor** of you will receive after one of you passes away |
| Click here to enter text. | Maximize **early benefits**: start early with focus on **younger ages** (60’s) |
| Click here to enter text. | Other – please describe: Click here to enter text. |

1. If there is a claiming strategy that you are inclined to implement or would like to see illustrated, please describe by indicating when you and your spouse would each plan to claim benefits.

|  |
| --- |
| Click here to enter text. |

1. Normally I use **life expectancy assumptions** of **90** (male) and **95** (female***).*** The idea is not to predict how long you ***will*** live, but to think about how long one or both of you ***might*** live. How long is your planning horizon? To what extent do you want to protect against the risk of running short of money if even one of you lives a long life. ***If you want me to use assumptions other than 90 and 95, please provide those here*:**

|  |  |
| --- | --- |
| You: Click here to enter text. | Spouse: Click here to enter text. |

For an “average” male/female couple each of whom is currently age 65, actuarial tables say there is **a 50% probability of at least one spouse living to** **age 92**. The probability is lower for a biological male couple and higher for a biological female couple.

1. If either you or your spouse contributes to a **Health Savings Account (HSA)**, please indicate who makes the contributions and when you expect those contributions to terminate.

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| Click here to enter text. | Click here to enter a date. |

*Please attach the following to an email: your responses to the questionnaire, plus* ***XML and PDF files*** *containing your complete earnings records.* ***These files may be downloaded from your “my Social Security” accounts.*** *Please**send all of the above to* *peter@socialsecuritymaven.com****.***

*Need help with this? Call Peter at 802-229-0940*