

# Social Security / Retirement Income Strategy Questionnaire

For many retirees, Social Security represents a portion of the income they will rely on during retirement. That's why it's important to carefully consider not only when to claim Social Security benefits, but also how to incorporate your unique circumstances, challenges, and goals into this decision. Working with a financial professional who can help you identify potential obstacles, or even uncover opportunities to enhance your current retirement income strategy, is a step toward creating an informed and empowered retirement. Please complete the questionnaire below for you and your spouse, if applicable, to begin the process.

#### **Tell Us About You**

Name:	Spouse's Name:				
Date of birth:	Date of birth:				
Still working? Yes No	Still working? Yes No				
If yes, annual earnings:	If yes, annual earnings:				
Planned retirement age:	Planned retirement age:				
Social Security Benefits					
Currently collecting Social Security? Yes No	Currently collecting Social Security? Yes No				
If yes, amount of monthly benefit:	If yes, amount of monthly benefit:				
At what age did payments begin?	At what age did payments begin?				
If No, estimated benefit at full retirement age*:	If No, estimated benefit at full retirement age*:				
Desired age to claim benefit:	Desired age to claim benefit:				
*Please provide copy of Social Security earnings statement	*Please provide copy of Social Security earnings statement				

Not affiliated with the Social Security Administration or any government agency. Any information provided will be used to determine recommendations for you by a financial professional. This may include the sale of life insurance and/or annuity products. Insurance and annuity products are backed by the financial strength and claims-paying ability of the issuing company. Insurance and annuity products offer optional benefits and riders which may involve additional cost.

©2022 BILTD. All rights reserved. #22-0009-010623

Government Benefits* (if no,	skip se	ection)					
Eligible for a government pension? Yes No			Eligible for a government pension? Yes No				
Government employer:			Government employer:  Amount of government pension:				
Amount of government pension:							
Commencement date:			Commencement date:				
*Please provide copy of Social Security earn	nings sta	tement	*Please provide copy of Social Security earn	nings sta	tement		
Planning Assumptions							
Life expectancy assumption:			Life expectancy assumption:				
COLA assumption:			COLA assumption:				
Divorce Checklist (if applicable	e)						
Currently unmarried?	Yes	No	Currently unmarried?	Yes	No		
Is former spouse at least 62?	Yes	No	Is former spouse at least 62?	Yes	No		
Did the marriage last 10 years?	Yes	No	Did the marriage last 10 years?	Yes	No		
Date of dissolution of marriage:			Date of dissolution of marriage:				
Former spouse's PIA*:			Former spouse's PIA*:				
Former spouse alive?	Yes	No	Former spouse alive?	Yes	No		
*Primary Insurance Amount			*Primary Insurance Amount				
Survivor Checklist (if applicable	ole)						
Have you remarried?	Yes	No	Have you remarried?	Yes	No		
If yes, age at remarriage:			If yes, age at remarriage:				
Deceased spouse's age at death: _			Deceased spouse's age at death: _				
Benefit amount at time of death:			Benefit amount at time of death:				
<b>Dependent Checklist</b>							
Do you have dependents?	Yes	No					
If yes, how many under age 18?							
If yes, how many under age 19 and	in high	school?					
If yes, how many are disabled and o	cared fo	or at home? _					

Not affiliated with the Social Security Administration or any government agency. Any information provided will be used to determine recommendations for you by a financial professional. This may include the sale of life insurance and/or annuity products. Insurance and annuity products are backed by the financial strength and claims-paying ability of the issuing company. Insurance and annuity products offer optional benefits and riders which may involve additional cost.

©2022 BILTD. All rights reserved. #22-0009-010623

If disabled, age at which disability began: \_\_\_\_\_

### **Financial Assets**

Source	Owner	Value
IRAs		
Company Retirement Plans		
Checking / Savings / Money Market		
Non-Qualified Annuities		
Stocks / Bonds		
Mutual Funds		
Certificates of Deposit		
Other		

## **Life / Long-Term Care Insurance**

Туре	Insured	Owner	Death Benefit	Cash Value

# **Besides Social Security, Other Sources of Income in Retirement**

Туре	Start Age	End Age (if applicable)	Survivorship? (Y/N)	If Yes, What Percent to Survivor?

## **Income Need in Retirement**

Amount	Start Age	End Age (if applicable)
Cost-of-living assumption on income:		

## **Concerns in Retirement**

Potential Concerns	Yes	If Yes, number in order of importance	No
Taxes			
Leaving a legacy			
Long-term care for myself			
Long-term care for a family member			
Healthcare costs in retirement			
Having enough income			
Running out of money			
Planning for my surviving spouse's income			

Additional Notes		