**CLIENT INFORMATION FORM**

***Social Security Analysis* Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Client Family Name: | Email: | Phone: |
| Address: | City: | State: Zip: |

|  |  |  |
| --- | --- | --- |
| **DEMOGRAPHIC INFO** | **CLIENT** | **SPOUSE\*** |
| Name: |  |  |
| Birthdate: |  |  |
| Projected Maximum Age of Life:See www.livingto100.com |  |  |

|  |  |  |
| --- | --- | --- |
| **RELATIONSHIP STATUS** | **CLIENT** | **SPOUSE\*** |
| Include all marriages, divorces\*, and deaths. Date of marriage(s), Date of divorce(s), Date of death(s). Use a separate sheet as needed. |  |  |

|  |  |  |
| --- | --- | --- |
| **WORK & CLAIMING STATUS** | **CLIENT** | **SPOUSE\*** |
| Are you currently collecting benefits? | □ Yes □ No | □ Yes □ No |
| If yes, start date and monthly amount? |  |  |
| If yes, whose earnings record is the benefit based on? | □ Own Record□ Spouse’s Record | □ Own Record□ Spouse’s Record |
| If no, when do you plan to file: |  |  |
| Other claiming ages to review: |  |  |
| Last age (year) of earnings: |  |  |
| Current year annual earnings: |  |  |

|  |  |  |
| --- | --- | --- |
| **PENSION(S)** | **CLIENT** | **SPOUSE\*** |
| Do you or will you receive a pension(s) from work that **did not** pay into Social Security? (*non-covered pension*) | □ Yes □ No | □ Yes □ No |
| Pension start date: |  |  |
| Annual amount (current year if already started): |  |  |

|  |  |  |
| --- | --- | --- |
| **DEPENDENTS** | **CLIENT** | **SPOUSE\*** |
| Do you have any eligible children\*\*? If yes, list all names and birth dates below: | □ Yes □ No | □ Yes □ No |

\*Ex-spouse benefits may be available if married at least 10 years, are currently unmarried, and at least 62 years old.
\*\*Children’s benefits may be available if children are under age 19, still in high school, or were permanently disabled before age 22.

**Please return to: mpatton@pattonadvising.com**

Additional information, such as financial statements, retirement account balances, etc., can help determine different aspects of your Social Security planning. Please list any additional financial information you would like to include below. Feel free to contact us with any questions.

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| **ADDITIONAL INFORMATION (use a separate sheet as needed)** |
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