Social Security Maximizer Questionnaire

By completing the following questionnaire we will approximate the "Earliest Possible" and the "Maximum" Social Security Strategies

His Name H	ler Name
Street Address	City:
State ZIP Email	
His Birth Date / / Her Birth	
His Marital Status (Check all that apply) Married, Divorced, Widowed, Single, Seperated, Domestic Partner_	
Her Marital Status (Check all that apply) Married, Divorced, Widowed, Single, Seperated, Domestic Partner_	
His Employment Status (Check box) Employed_, Retired_, Business Owner_, Not employed_, Homemaker_	
Her Employment Status (Check box) Employed_, Retired_, Business Owner_, Not employed_, Homemaker_	
His Estimated Life Expectancy If left blank, we will use the age and sex in the 2006 Social Security Cohort Life Table	
Her Estimated Life Expectancy If left blank, we will use the age and sex in the 2006 Social Security Cohort Life Table	
Has He already Elected Social Security? Yes No	
Has She already Elected Social Security? Yes No	
Does He have a pension from work not covered under social security? Yes No	
Does She have a pension from work not covered under social security? Yes No	
How should we estimate benefits for the client? Using the Client's estimated benefits from the SS Statement? (Quickest) Using the Client's earnings record from the SS Statement? (Most Accurate)	
What is the Social Security Statement Date (His)?/	/
How much will He receive at Full Retirement Age (FRA) as listed on the statement?	
At What age will He stop working? (Check one) <61,62	_, 63, 64, 65, 66, 67, 68+
What is His anticipated annual income for the client (after 62)?	
What is the Social Security Statement Date (Hers)?//	
How much will She receive at Full Retirement Age (FRA) as listed on the statement?	
At What age will She stop working? (Check one) <61,62_	_, 63, 64, 65, 66, 67, 68+
What is Her anticipated annual income for the client (after 62)?	
What is the desired monthly Pre-Tax household income upon retirement?	
What is the desired monthly Pre-Tax household income after first death?	
15701 HWY 50, Suite 204 Clermont, FL 34711 PH 352-40	04-5158 FAX 407-459-8746 Toll Free 877-869-9848

WWW.KEIBERRETIREMENTSOLUTIONS

