

Talk to us about your personal finances.
Call 503.304.9248 for an appointment, or
email us at info@jgcwealth.com
3085 River Road N. Salem, Oregon 97303



Wealth Management, LLC
Fee-Only Financial Planning and Asset Management

Social Security Information Form

Relationship (Select one): Married Single Widow Divorced

Date of Divorce or Death: ___/___/___

Estimated Monthly Retirement Income Budget: _____

CLIENT

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Gender: M F Life Expectancy Age: _____

SPOUSE

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Gender: M F Life Expectancy Age: _____

At what age do you plan on starting Social Security? Client: _____ Spouse: _____

What is the monthly **Primary Insurance Amount** (Estimated Benefit at Full Retirement)? Client: _____/month Spouse: _____/month

Directions to get your **Primary Insurance Amount** (Full Benefit Amount)

- Go to <http://www.ssa.gov>
- Click the "BENEFITS" tab and under "Manage" - click on "Check your info or benefits"
- To "Create an Account" open "**my Social Security**" link
- Create an account if you are new user (you will need a valid E-mail address, a Social Security Number, U.S. mailing address, and be 18 years of age or older)
- Write the "Estimated Benefit at Full Retirement" in the appropriate boxes above
- Print and save (PDF) full statement. Bring a hard copy to the meeting.

Email Address: (To Send Report) _____

Phone number: to contact if there are questions: _____ Cell Home

Do you have a "Non-Covered Pension" (*this is not common*)? Yes No
This applies to some federal, police, ministerial, teachers, and other public employees.

If YES	Client	Spouse
Monthly Pension	\$ _____	\$ _____
Pension Start Date	___/___/___	___/___/___
Pension Growth Rate	_____ %	_____ %
