

Intake Form for Your Personalized Social Security Analysis

You will need to visit www.ssa.gov to set up your account and download you and your spouse's benefit statements.

Member

| | | | |
|------------------|------------------|--------------|------------------------------------|
| Full Name _____ | DOB _____ | Gender _____ | Life Expectancy ¹ _____ |
| Home Phone _____ | Work Phone _____ | Email _____ | |

1. *Have you already elected Social Security retirement benefits?* Yes ____ No ____
 If Yes, Current Gross Social Security Benefit Amount _____ Age Started? ____ year ____ months
2. *Do you have a pension from non-Social Security covered earning (such as CSRS)?* Yes ____ No ____
 Gross Monthly Pension Amount: _____ Pension COLA _____ Pension Start Date _____
3. *Benefit Estimate:*
 Social Security Statement Date: _____ Full Retirement Age (FRA) Benefit Amount: _____
 Do you plan to take Social Security benefits prior to Full Retirement Age (FRA)? Yes ____ No ____

If you answered "Yes" to #2, please provide GEBA with a copy of your Social Security Statement.

Spouse

| | | | |
|------------------|------------------|--------------|------------------------------------|
| Full Name _____ | DOB _____ | Gender _____ | Life Expectancy ¹ _____ |
| Home Phone _____ | Work Phone _____ | Email _____ | |

1. *Have you already elected Social Security retirement benefits?* Yes ____ No ____
 If Yes, Current Gross Benefit Amount _____ Age Started? ____ year ____ months
2. *Do you have a pension from non-Social Security covered earning (such as CSRS)?* Yes ____ No ____
 Gross Monthly Pension Amount: _____ Pension COLA _____ Pension Start Date _____
3. *Benefit Estimate:*
 Social Security Statement Date: _____ Full Retirement Age (FRA) Benefit Amount: _____
 Do you plan to take Social Security benefits prior to Full Retirement Age (FRA)? Yes ____ No ____

If you answered "Yes" to #2, please provide GEBA with a copy of your Social Security Statement.

Income Goals: What is the desired pre-tax monthly income upon retirement? _____
 What is the desired pre-tax monthly household income after first spouse passes? _____

What other assets/income do you plan to rely on in retirement?

- IRA \$ _____ Roth \$ _____ CSRS \$ _____ FERS \$ _____
 Annuity \$ _____ LTC Insurance \$ _____

¹If left blank, GEBA will use a statistical average based on your age/gender.

UNIQUE CIRCUMSTANCES

Widowed

As a widow or widower, you may be eligible for survivor benefits if you were married for more than nine months and not remarried before age 60.

Spouse/Partner Name: _____

Gender _____

Date of Birth (MM/DD/YYYY) _____

Deceased spouse's Social Security benefit:

Benefit you would receive at
your full retirement age: \$ _____

What is the deceased's
Primary Insurance Amount: \$ _____

You'll need to visit a local SSA office to get this information and provide proof of marriage and death. The SSA limits benefits payable to a survivor based on if and when the deceased claimed benefits.

Divorced

A divorced spouse may be eligible to receive benefits based on any ex-spouse's record, if they were married for 10 years, have been divorced for more than 2 years and not remarried before age 60.

Spouse/Partner Name: _____

Gender _____

Date of Birth (MM/DD/YYYY) _____

Date of divorce: _____ Number of years married: _____

Is your ex-spouse alive or deceased? _____ Alive (Spousal Benefits) _____ Deceased (Survivor Benefits)

If so, complete the Widowed section above

Benefit you would receive at **your** full retirement age: \$ _____

You'll need to visit a local SSA office to get this information and provide proof of marriage and divorce. If you have had more than one marriage you are only eligible to collect on one individual. The SSA limits benefits payable to a divorced spouse based on whether the ex-spouse had a non-Social Security pension.

Special Cases

You may be eligible for additional benefits if any of the cases below apply to you. We can help you determine if you qualify for additional benefits.

Are there any dependent children under 18? Yes _____ No _____

If so, are they under 16? Yes _____ No _____

Is anyone in the household disabled? Yes _____ No _____

Do you care for any dependent parents? Yes _____ No _____

Did you or your spouse remarry after 60? Yes _____ No _____

(If yes, please enter the information in the "Widowed" or "Divorced" section above)

If you have questions or need assistance call (800) 826-1126 or email info@gebawealth.com.