



Client Profile

Social Security Fact Finder

Please complete and email this Social Security optimization fact finder to RSG@PacificLife.com. We will generate and email you an illustration summarizing options for your client to consider when electing to receive Social Security benefits. Please call us at (800) 722-2333, ext. 3939 should you have any questions.

Financial Professional:

Broker/ Dealer:

Email:

Phone:

License #:

IMPORTANT: Each section MUST be completed for an illustration to be generated.

General Information

First Name _____

Last Name _____

Date of Birth _____

Sex ☐ Male ☐ Female

Retirement Age¹ _____

Retirement State _____

Financial Information

Current Income

Increases at 3% annually. Used to estimate impact of earnings test on benefits.

Annual Household Income at Retirement

Enter year one retirement income. Increases at 2.4% annually. Used to estimate IRMAA³ surcharges and income gap analysis.

Mid-Retirement Adjustment (optional)

Year: _____

\$ Amount or % (+/-): _____

Part-Time Work in Retirement (optional)

Increases at 2.4% annually. Used to estimate earnings test and income gap analysis.

First Year Wages: _____

Age This Work Stops: _____

Current Marital Status

What is your current marital status? ☐ Single ☐ Married ☐ Divorced (and unmarried) ☐ Widowed (and unmarried)

Social Security Information

Primary Insurance Amount² _____

Already Claimed Benefits _____

enter gross monthly benefit amount

OR

Desired Claim Age _____

optional, enter age in years and months

Date of Claim _____

MM/YYYY

Do you or will you have a public pension? ☐ Yes ☐ No

If yes...

Monthly Pension Value _____

Pension assumed to inflate by 3% annually

Start Date _____

MM/YYYY

Substantial Earnings Years⁴ _____

Life Expectancy (Choose one option below.)

1. Provide your estimated life expectancy age _____ OR
2. Get a tool-calculated life expectancy (based on sex, date of birth, and the following health information)

- ☐ High Blood Pressure ☐ High Cholesterol ☐ Type 2 Diabetes ☐ Type 1 Diabetes
☐ Cardiovascular Disease ☐ Tobacco Use ☐ Cancer ☐ Multiple Sclerosis
☐ Alzheimer's Disease ☐ Parkinson's Disease ☐ PTSD ☐ Amputation
☐ Obesity

1. Age when you retire from main job, not necessarily Social Security claim age. Retirement age is used for earnings test, income gap analysis, and Medicare deductions (including Part B premiums and IRMAA surcharges which may reduce the amount of SS payments received).
2. This is the amount you expect to receive from Social Security at your full retirement age (FRA). Log into ssa.gov if unknown.
3. For more information on IRMAA, visit secure.ssa.gov/poms.nsf/lnx/0601101020.
4. Number of years you contributed to Social Security through FICA taxes on employment income that met "Substantial Earnings" as defined by SSA. For more information, visit ssa.gov/pubs/EN-05-10045.pdf.

Insurance products can be issued in all states, except New York, by Pacific Life Insurance Company and in all states by Pacific Life & Annuity Company. Product/material availability and features may vary by state.



Current Spouse

General Information

First Name _____

Last Name _____

Date of Birth _____

Sex ☐ Male ☐ Female

Retirement Age¹ _____

Retirement State _____

Financial Information

Current Income

Increases at 3% annually. Used to estimate impact of earnings test on benefits.

Part-Time Work in Retirement (optional)

Increases at 2.4% annually. Used to estimate earnings test and income gap analysis.

First Year Wages: _____

Age This Work Stops: _____

Social Security Information

Primary Insurance Amount² _____

Already Claimed Benefits _____

enter gross monthly benefit amount

OR

Desired Claim Age _____

optional, enter age in years and months

Date of Claim _____

MM/YYYY

Do you or will you have a public pension? ☐ Yes ☐ No

If yes...

Monthly Pension Value _____

Pension assumed to inflate by 3% annually

Start Date _____

MM/YYYY

Substantial Earnings Years⁴ _____

Life Expectancy (Choose one option below.)

1. Provide your estimated life expectancy age _____ OR

2. Get a tool-calculated life expectancy (based on sex, date of birth, and the following health information)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Type 2 Diabetes | <input type="checkbox"/> Type 1 Diabetes |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Cancer | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> PTSD | <input type="checkbox"/> Amputation |
| <input type="checkbox"/> Obesity | | | |

1. Age when you retire from main job, not necessarily Social Security claim age. Retirement age is used for earnings test, income gap analysis, and Medicare deductions (including Part B premiums and IRMAA surcharges which may reduce the amount of SS payments received).
2. This is the amount you expect to receive from Social Security at your full retirement age (FRA). Log into ssa.gov if unknown.
3. For more information on IRMAA, visit secure.ssa.gov/poms.nsf/lnx/0601101020.
4. Number of years you contributed to Social Security through FICA taxes on employment income that met "Substantial Earnings" as defined by SSA. For more information, visit ssa.gov/pubs/EN-05-10045.pdf.



For ex-spouses complete this page (up to 5 times if applicable)

Were you previously married (aside from already-entered marital info)?

☐ Yes

☐ No

If yes, how many times were you previously married?

If yes, what is the nature of your prior marriage?

☐ Divorced

☐ Widowed

If Widowed

Late Spouse's Information:

First Name _____ Last Name _____ Primary Insurance Amount¹ _____

If Late Spouse Was Collecting at Time of Death:

Monthly Benefit at Time of Passing _____

Year at Time of Passing _____

Date of Birth _____

Claim Age _____

enter age in years and months

If Divorced

If any above information is unknown, check ssa.gov account or contact local SSA office.

Ex-Spouse Information:

First Name _____

Last Name _____

Date of Birth _____

Sex ☐ Male ☐ Female

Are they still alive? ☐ Yes ☐ No

Ex-Spouse's Life Expectancy Age _____

Were you married 10 years or more?

☐ Yes

☐ No

Primary Insurance Amount¹ _____

Ex-Spouse's Expected Claim Age _____

enter age in years and months

1. This is the amount you expect to receive from Social Security at your full retirement age (FRA). Log into ssa.gov if unknown.

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