

How many dependent children do you have?

Age(s) of dependent child(ren)\_\_\_\_\_

## **Client Profile**

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 questions.                      | Phone:  |
|---|---|
| IMPORTANT: Each section MUST be completed for an illustration to be go  | enerated.   |
| General Information   | Financial Information   |
| First Name  | Primary Insurance Amount <sup>2</sup>   |
| Last Name   |   |
| Date of Birth   | Current Income (used to estimate IRMAA <sup>3</sup> surcharges, which are deducted from Social Security benefits)   |
| Sex   |   |
| Retirement Age <sup>1</sup>   | Income Replacement Ratio % (e.g. 75%)  For pre-retirees: Estimates future retirement income (for IRMAA³) by   |
| Retirement State  | increasing Current Income by 3% annually, then reducing by this percentage. For current retirees: Consider using 100%.  |
| Current Marital Status  |   |
| Social Security Information  Your desired claim age   | his Age:   Already Claim benefits   |
| •   | his Age: Already Claim benefits enter monthly benefit amount  |
| Do you or will you have access to a public pension?   | ∕es □ No  |
| If yes Annual Pension Value   | Start Month   |
| Substantial Earnings Years <sup>4</sup>   | Start Year  |
| Life Expectancy (Choose one option below.)  |   |
| Provide your estimated life expectancy age OR     Get a tool-calculated life expectancy (based on sex, date of birth, and the |   |
| High blood pressure High Cholesterol Type 2 Diaber  | tes Cardiovascular Disease Tobacco Use Cancer   |
| Dependent Children  | Age when you retire from main job, not necessarily Social Security claim age.     Retirement age is used for Medicare deductions, including Part B premiums and |
| Do you have any dependent children (age 18 or younger)?   | Yes No IRMAA surcharges which may reduce the amount of SS payments received.  Yes Canada Security at your full  |

Social Security Fact Finder

 $3. \ \ \text{For more information on IRMAA, visit secure.ssa.gov/poms.nsf/lnx/0601101020}.$ 4. Number of years you contributed to Social Security through FICA taxes on

employment income that met "Substantial Earnings" as defined by SSA. For

 $more\ information,\ visit\ ssa.gov/pubs/EN-05-10045.pdf.$ 

Financial Professional: Broker/ Dealer:

Email:

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



## **Social Security Fact Finder**

| Current Spouse General Informat            | tion   |  | Financial Information  |
|--|--|--|--|
| First Name                                 |  |  | Primary Insurance Amount <sup>2</sup>  |
| Last Name                                  |  |  |  |
| Date of Birth                              |  |  | <b>Current Income</b> (used to estimate IRMAA <sup>3</sup> surcharges, which are deducted from Social Security benefits) |
| Sex  | ☐ Male ☐ Female  |  |  |
| Retirement Age <sup>1</sup>                |  |  |  |
| Retirement State                           |  |  |  |
| Social Security In                         | formation  |  |  |
| Spouse's desired cla<br>(defaults to FRA)  | im age Full Retirement Age age for benefits per SSA Rules                  | At this Age:  enter age in years and   | Already Claim benefits enter monthly benefit amount  |
| Do you or will you ha                      | ve access to a public pension?   | ☐ Yes ☐  | No   |
| Annual                                     | Pension Value  | Start Month  |  |
|  | ntial Earnings Years <sup>4</sup>  | _ Start Year _   |  |
| Life Expectancy                            | (Choose one option below.)   |  |  |
| •  | ise's estimated life expectancy age  |  |  |
| 2. Get a tool-calculat  High blood pressui | ted life expectancy (based on sex, date of bir<br>re  High Cholesterol  Ty | rth, and the following health informulation rth, and the following health informulation rth, and the following health informulation representations are recommended. | rmation)  Cardiovascular Disease Tobacco Use Cancer  |

- Age when you retire from main job, not necessarily Social Security claim age.
   Retirement age is used for Medicare deductions, including Part B premiums and IRMAA surcharges which may reduce the amount of SS payments received.
- 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.
- 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.



## Social Security Fact Finder

| 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 ma   | any times were you | previously married? |                                       |   |  |  |
| If yes, what is the nature of your prior marriage?                     |                    |                     | ☐ Divorced                            | □ Widowed   |  |  |
| If Widowed Late Spouse's Inf   | ormation:          |                     |                                       |   |  |  |
| First Name   |                    |                     |                                       |   |  |  |
| Last Name  |                    |                     |                                       |   |  |  |
| Primary Insurance Ar   | mount <sup>1</sup> |                     |                                       |   |  |  |
| <i>lfDivorced</i>  |                    |                     |                                       |   |  |  |
| Ex-Spouse Inform   | ation              |                     |                                       |   |  |  |
| First Name   |                    |                     | Were you married 10 years o           | r more?   |  |  |
| Last Name  |                    |                     | Yes                                   | S □ No  |  |  |
| Date of Birth  |                    |                     | Primary Insurance Amount <sup>1</sup> |   |  |  |
| Sex  | ☐ Male             | ☐ Female            |                                       |   |  |  |
| Are they still alive?  | ☐ Yes              | □ No                |                                       |   |  |  |
|  |                    |                     |                                       | you expect to receive from Social<br>I retirement age (FRA). Log into |  |  |

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