

ARC QUESTIONNAIRE



GENERAL INFORMATION

	Name	Gender	Date of Birth	State
Client				
Spouse				

PRE-RETIREMENT INCOME SOURCES

Type	Income (Annual)	Occupation
Gross Income (Client)	\$	
Gross income (Spouse)	\$	
Other (e.g. rental property, royalties, part-time work)	\$	

EXPECTED RETIREMENT INCOME SOURCES

Type	Income (Annual)	Income Earner	Age Income Begins	Annual Increase Amount
Social Security	\$			
Social Security	\$			
Pension	\$			
Other (specify in notes section)	\$			

SAVINGS & INVESTMENTS

Account Name (e.g. Checking, 401(k), IRA)	Tax Deferred Tax Exempt Taxable	Account Value	Contributed by (Primary, Spouse, Employer, etc.)	Annual Contributions
		\$		\$
		\$		\$
		\$		\$
		\$		\$

EDUCATION SAVINGS

Number of Children	Ages	College Type (Public or Private)	Expected Number of Years in College

*Please note any specific university information (tuition/living expenses in the Notes section at the end)

If meeting your retirement goal is not possible, which best describes you (select one):

- Continue to work and save until retirement income goal is achieved
- Retire at planned retirement age and reduce desired income goal
- Continue to work part time to supplement income goal

RETIREMENT ASSUMPTIONS

Income Replacement Ratio In Retirement	%
Inflation Adjusted Salary Increase	%
Expected Retirement Age	

Duration of Retirement	
Expected Pre-Retirement Return on Investment	%
Expected Post Retirement Return on Investment	%

RISK MANAGEMENT

Type	Policy Type (Term, VUL, etc.)	Insured	Premium	Cash Value	Benefits
Life Insurance (Client)			\$	\$	
Life Insurance (Spouse)			\$	\$	

SPECIALTY INSURANCE

Type	Insured	Premium	Cash Value	Benefits
Disability Income Insurance		\$	\$	
Other (Hybrid LTC, Life Insurance, etc.)		\$	\$	

Do you feel that your current savings plan has:

- Yes No Asset class diversification
 Yes No Flexibility for changing needs
 Yes No Tax diversification
 Yes No Defined budget needed to achieve goals
 Yes No Risk management strategies in place

LIFESTYLE EXPENSES

Annual Living Expenses (Needs)	Annual Cost	Duration of Expenses	Need(N) / Want (W)
Housing (Rent, Mortgage, Taxes, Insurance)	\$		
Car Loan(s)	\$		
2nd Home	\$		
Credit Card Debt	\$		
Education (Loan Payments, College Savings)	\$		
Utilities (Gas, Electric, Water, Sewer)	\$		
Technology (Cable, Internet, Phone)	\$		
Medical Expense (Insurance, Prescriptions)	\$		
Child Expenses (Day Care, Child Support)	\$		
Home Improvement	\$		
Groceries	\$		
Eating Out	\$		
Transportation (Gas, Repairs, Insurance, etc)	\$		
Travel	\$		
Clothing	\$		
Church/Charity	\$		
Entertainment	\$		
Other (If necessary specify in Notes)	\$		
TOTAL	\$		

NOTES