ARC Questionnaire

Advisor Name: _____

GENERAL INFORMATION

	Name	Gender	Date of Birth	State of Residence
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)*	$			
Other *(specify in notes section)*	$			

EMERGENCY FUNDS / BANK ACCOUNTS

Account Name *(e.g. Checking, Savings)*	Account Value
	$
	$

INVESTMENT ACCOUNTS

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

EDUCATION SAVINGS

Names of Children	Date of Birth	Expected Annual Tuition	Expected Number of Years in College	Expected Tuition Inflation
		$		
		$		
		$		
		$		
		$		
		$		

**Please note any specific university information (ex: 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	%
Expected Inflation	%
Expected Salary Increase	%
Expected Retirement Age	

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

RISK MANAGEMENT

Type *(Life, Disability, LTC)*	Insured	Premium	Cash Value	Benefits	Duration Remaining
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		

ASSUMED UNDERWRITING *(For Advisor to Complete)*

	Type *(Preferred, Standard, etc.)*
Client	
Spouse	

Do you feel that your current savings plan and investment portfolio has:

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

LIFESTYLE EXPENSES

Annual Living Expenses	Annual Cost	Duration of Expenses
Housing *(Rent, Mortgage, Taxes, Insurance)*	$	
Car Loan(s)	$	
Insurance Premiums	$	
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