



DOMINION FINANCIAL CONSULTANTS

CONFIDENTIAL QUESTIONNAIRE:

General Information:

Client Name: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Number: _____

Home E-mail: _____

Work E-mail: _____

Social Security Number: _____

Date of Birth: _____

Best Way to Contact You: _____

FAMILY MEMBERS (Children or those involved in a Financial Plan):

Name	Relationship	Date of Birth	Dependent	Social Security #
			Y N	
			Y N	
			Y N	

45 East Boscawen Street, 3rd Floor
Winchester, VA 22601
540.535.0505

1701 Pennsylvania Avenue, NW
Washington, DC 20006
202.580.6511

877.547.7430
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Employment Information:

Employer: _____

Title/Job: _____

Number of Years with employer: _____

Anticipated employment change: _____

When do you plan to retire? _____

What are your expected Household expenses in retirement? _____

Current Salary: _____

Any other Income: _____

Bonus/ Commissions: _____

Estate Planning:

Do you have any of the following estate planning documents?

If so, please list the year and state in which they were drafted.

Wills	
Living Trust	
Power of Attorney	
Living Will, Medical Power of Attorney	

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Investment Preference Questions:

Indicate which of the following statements summarize your attitudes or beliefs using a scale of (1-5)

(1 being mostly true and 5 least true)

	I would rather work longer than reduce my standard of living in retirement.
	I feel that I/we can reduce our current living expenses to save more for the future if needed.
	I am comfortable with investments that promise slow, long term appreciation and growth.
	I don't dwell on bad investment decisions I've made.
	I feel comfortable with aggressive growth investments.
	I am optimistic about my financial future.
	My immediate concern is for income rather than growth opportunities
	I am a risk taker.
	I need to focus my investment efforts on building cash reserves.
	I prefer predictable, steady return on my investments, even if the return is low.

Life Insurance (whole, term universal, variable); Long Term Care; Disability:

Insured	Company & Type	Death Benefit/Value	Premium

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Financial Information:

ASSETS

(If you have this information in a format of your design please feel free to omit this section. Please attach recent statements if available.)

Bank Accounts:

Bank Name	Type of Bank Account (Checking, Savings, Money Market)	Ownership	Average Balance

Investments:

Investment Company	Type of Investment (Roth IRA, IRA, 401k, Pension)	Ownership	Current Value

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Other Investments:

Business Name	Type (LLC, Partnership, S Corp, C Corp)	Ownership	Market Value

Personal Property:

Type	Estimated Value	Purchase Date	Purchase Value	Owner
Primary Residence				
2 nd Home or Rental				
Vehicle				
Vehicle				

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LIABILITES

Type	Interest Rate	Average Monthly Payment	Current Balance	Owner
Mortgage				
2 nd Mortgage or Home Equity				
Car Loan				
Student Loan				
Credit Card				
Credit Card				
Credit Card				
Other				

Goals:

- 1)
- 2)
- 3)
- 4)

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