



DOMINION FINANCIAL CONSULTANTS

CONFIDENTIAL QUESTIONNAIRE:

General Information:

| | | | |
|-----------------------------|-------|-----------------------------|-------|
| Client Name: | _____ | Client Name: | _____ |
| Address: | _____ | Address: | _____ |
| Home Phone: | _____ | Home Phone: | _____ |
| Cell Number: | _____ | Cell Number: | _____ |
| Home E-mail: | _____ | Home E-mail: | _____ |
| Work E-mail: | _____ | Work E-mail: | _____ |
| Social Security: | _____ | Social Security: | _____ |
| Date of Birth: | _____ | Date of Birth: | _____ |
| Best Way to Contact You: | _____ | 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
 dominionconsult.com



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Employment Information:

| | | | |
|--|-------|--|-------|
| Employer: | _____ | Employer: | _____ |
| Title/Job: | _____ | Title/Job: | _____ |
| Number of Years with employer: | _____ | Number of Years with employer: | _____ |
| Anticipated employment change: | _____ | Anticipated employment change: | _____ |
| When do you plan to retire? | _____ | When do you plan to retire? | _____ |
| What are your expected Household expenses in retirement? | _____ | What are your expected Household expenses in retirement? | _____ |
| Current Salary: | _____ | Current Salary: | _____ |
| Any other Income: | _____ | Any other Income: | _____ |
| Bonus/ Commissions: | _____ | 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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