



**ATWILL FINANCIAL  
CONSULTING GROUP, LLC**  
A Registered Investment Advisor

# Confidential Client Questionnaire

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THE *CONFIDENTIAL CLIENT QUESTIONNAIRE* is designed to help us learn more about you and provide us with important details about you, your family, and your current financial situation. Information will be kept strictly confidential.

Our clients generally find that completing the questionnaire is a very helpful organizational process. It can open up important planning topics for us to review and facilitate a meaningful discussion about your personal financial goals and objectives.

If you are unsure about how to answer a question, please feel free to contact us for clarification. We look forward to beginning this journey with you.

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**Sections:**

**Section I.      Personal and Family Information**

**Section III.    Other Advisors**

**Section IV.    Signature**

**When we meet, please provide updated copies of:**

- Full 1040 federal income tax return for the most recent year available (include all Schedules)
- Recent paycheck stubs and/or Form W-2 from your employer
- Investment, banking, and retirement account statements not managed by AFCG
- Mortgage statements and original loan terms for encumbered real estate
- Social Security statements (available at [www.ssa.gov](http://www.ssa.gov))
- Life insurance/annuity statements
- Estate Planning and Other Important Legal Documents
- Divorce settlement agreement (if marital status has changed due to divorce)
- Statements for accounts, trusts, and/or insurance policies of which you are a beneficiary

7202 Glen Forest Drive, Suite 101, Richmond, VA 23226  
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# SECTION I.

## PERSONAL and FAMILY INFORMATION

Primary areas of interest in hiring a Financial Advisor (please select all that apply):

Financial Planning

Investment Management

### Planning Issues you wish to cover:

- |   |   |
|---|---|
| <input type="checkbox"/> Cash-flow and Budgeting                  | <input type="checkbox"/> Estate/Multi-generational Planning   |
| <input type="checkbox"/> Savings Strategies                       | <input type="checkbox"/> Retirement Income Planning           |
| <input type="checkbox"/> Asset Allocation and Investment Planning | <input type="checkbox"/> Employee Benefits Analysis           |
| <input type="checkbox"/> Risk Management and Insurance Review     | <input type="checkbox"/> Tax Planning and Strategies          |
| <input type="checkbox"/> Education Expense Planning               | <input type="checkbox"/> Debt Modification and Optimization   |
|   | <input type="checkbox"/> Caring for a Parent or Family Member |
|   | <input type="checkbox"/> Other _____                          |

### Client 1

Name: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_

U.S. Citizen:  Yes  No

Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer/Title: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Previously Married:  Yes  No

### Client 2

Name: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_

U.S. Citizen:  Yes  No

Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer/Title: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Previously Married:  Yes  No

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**CONTACT INFORMATION**

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

**Client 1**

**Client 2**

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Preferred Contact Method:  Home Phone  Email (Client 1)  Email (Client 2)  
 Work Phone (Client 1)  Work Phone (Client 2)  
 Cell Phone (Client 1)  Cell Phone (Client 2)

Send Correspondence to:  Home Address  Work Address  Other Address

Will you need copies of correspondence to be provided to any third parties?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FAMILY INFORMATION**

**Child 1**

Name: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (required if child is an account beneficiary)

Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

# of Children: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_

**Child 2**

Name: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (required if child is an account beneficiary)

Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

# of Children: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_

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**Child 3**

Name: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (required if child is an account beneficiary)

Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

# of Children: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_

**Child 4**

Name: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (required if child is an account beneficiary)

Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

# of Children: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_

\*If additional space is needed, please use a separate sheet and attach to the questionnaire.

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**FAMILY INFORMATION (CONTINUED)**

**Parents of Client 1**

**Father**

**Mother**

Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

State of Residence: \_\_\_\_\_

\_\_\_\_\_

If Deceased: Date of Death \_\_\_\_\_ Date of Death \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parents of Client 2**

**Father**

**Mother**

Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

State of Residence: \_\_\_\_\_

\_\_\_\_\_

If Deceased: Date of Death \_\_\_\_\_ Date of Death \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## FAMILY INFORMATION (CONTINUED)

### Grandchildren

Full Legal Name	Date of Birth	Sex	Marital Status	Spouse's Name	# of children

### Other Dependents or Beneficiaries

Full Legal Name	Date of Birth	Sex	Relationship

\*Additional information may be required if grandchildren or other dependents are beneficiaries.

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**Additional Information**

Please indicate what types of *Bank, Investment, and Retirement Accounts* you currently have by checking the appropriate boxes:

<b>Accounts</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brokerage Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401k, 403b, SEP, SIMPLE, Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			

<b>Real Estate</b>	<u>Primary Residence</u>			<u>Second Residence</u>			
	Rent	Own		Rent	Own		
Owner:	Client 1	Client 2	Joint	Owner:	Client 1	Client 2	Joint
Mortgage:	Yes	No		Mortgage:	Yes	No	
Current Value (est.):				Current Value (est.):			
Purchase Price:				Purchase Price:			
Purchase Date:				Purchase Date:			

Please let us know if you own additional Real Estate (both Residential and Commercial).

**Please indicate what types of *Insurance* you currently have by checking “Yes” or “No”:**

<b>Insurance</b>	<b>Client 1</b>		<b>Client 2</b>	
	Yes	No	Yes	No
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____				

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## **SECTION III.**

### ***OTHER ADVISORS***

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Please use this section to list any other professional advisors who have provided you with estate planning, tax preparation services, and/or insurance products.

#### **Estate Planning Attorney**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Accountant/CPA**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Insurance Agent**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## **SECTION IV.**

### ***CLIENT SIGNATURE***

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To the best of my knowledge, the information contained in this *Confidential Client Questionnaire* is both accurate and complete. I understand that investment and/or financial planning recommendations made by **AFCG, LLC** will be based on this information I have provided to **AFCG, LLC**.

Should any material changes occur to the information provided herein, I will notify **AFCG, LLC** of such changes in a timely manner.

#### **CLIENT 1**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### **CLIENT 2**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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