



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

CONFIDENTIAL

CLIENT

QUESTIONNAIRE

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Before You Begin...

The *Confidential Client Questionnaire* is designed to help us learn more about you and provide us with an important snapshot of 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 are pleased to have the opportunity to work with you.

To complete the questionnaire, it will be helpful to have your most recent account statements available. Also, please bring the following documents (or copies) with you to the next client meeting as applicable:

- Full 1040 federal income tax returns for the last two (2) years (include all Schedules)
- Recent statements for all investment accounts (brokerage, mutual funds, trust company, etc.)
- Recent statements for employer-provided retirement plans (401k/403b, SEP, Pension, etc.)
- Maturity schedule for CD's
- Annuity contracts and account statements

If you will be engaging *AFCG* to assist you with a specific financial planning module or develop a Total Wealth Plan (TWP™), please provide the following additional documents as applicable:

- Recent paycheck stubs and/or Form W-2
- Household cash flow worksheet and personal expense data
- Employee benefits information
- Mortgage statements and original loan terms for encumbered real estate
- Social Security statements (available at www.ssa.gov)
- Long-term care insurance policies
- Life insurance policies and account statements
- Existing wills, trusts, retirement plan beneficiary forms, and other estate planning documents
- Divorce settlement agreement
- Statements for accounts, trusts, and/or insurance policies of which you are a beneficiary

SECTION I.

PERSONAL INFORMATION

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

Contact Information

Home Address: _____

Home Phone: _____

Family Information (continued)

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: _____

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: _____

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

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: _____

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.

SECTION II.

FINANCIAL INFORMATION

In order to develop an accurate picture of your overall financial situation, we gather data on 1) household **Sources of Income** and 2) household **Assets** and **Liabilities** to calculate **Net Worth**. We also review **Net Worth Composition** (the percentage of investable vs. non-investable assets, liquid vs. non-liquid assets, taxable vs. tax-deferred vs. Roth accounts, etc.).

Client 1--Sources of Income

<i>Income (Client 1)</i>	<i>Annual \$</i>	<i>General Information</i>
Salary:		Employer:
Bonus and Commissions:		Occupation/Title:
Dividends/Interest:		No. of Years:
Real Estate Income:		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes
Social Security:		If so, please explain:
Pension:		
Annuity:		
Alimony:		
Other (please specify):		

Client 2--Sources of Income

<i>Income (Client 2)</i>	<i>Annual \$</i>	<i>General Information</i>
Salary:		Employer:
Bonus and Commissions:		Occupation/Title:
Dividends/Interest:		No. of Years:
Real Estate Income:		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes
Social Security:		If so, please explain:
Pension:		
Annuity:		
Alimony:		
Other (please specify):		

Please use the space below to provide any additional information regarding the **Income** section:

Please provide current account values or the estimated fair market value for each **Asset** listed below, indicate the value by ownership (i.e., individual or joint title) and total each column at the bottom.

ASSETS	Client 1	Client 2	Joint Title
Checking/Savings	\$ _____	_____	_____
CD's	\$ _____	_____	_____
Money Market	\$ _____	_____	_____
Taxable Investment Accounts (non-IRA)	\$ _____	_____	_____
Tax-Deferred Investment Accounts	\$ _____	_____	_____
Employer Plans (401k/403b, SEP, etc.)	\$ _____	_____	_____
Annuities	\$ _____	_____	_____
Cash Value of Life Insurance	\$ _____	_____	_____
Primary Residence	\$ _____	_____	_____
Secondary Residence	\$ _____	_____	_____
Other Real Estate	\$ _____	_____	_____
Personal Property (cars, coins, art, etc.)	\$ _____	_____	_____
Business Interests	\$ _____	_____	_____
TOTAL ASSETS	\$ _____	_____	_____

Please use the space below to provide any additional information regarding the **Assets** section:

Please provide current loan balances for any **Liabilities** listed below, indicate the balance by ownership (i.e., individual or joint liability) and total each column at the bottom.

LIABILITIES	Client 1	Client 2	Joint
Mortgage 1	\$ _____	_____	_____
Mortgage 2	\$ _____	_____	_____
Other Mortgages	\$ _____	_____	_____
Credit Cards	\$ _____	_____	_____
Car Loans	\$ _____	_____	_____
Other Debts	\$ _____	_____	_____
TOTAL LIABILITIES	\$ _____	_____	_____
NET WORTH (Assets – Liabilities)	\$ _____	_____	_____

If you own life insurance, please list the total death benefit available to your beneficiaries:

Total Death Benefit from all Life Insurance \$ _____

Please list any other *contingent* assets available to you as someone else's beneficiary:

Estimated Inheritance \$ _____

Please use the space below to provide any additional information regarding the **Liabilities** section:

SECTION III.

INVESTOR PROFILE

A Word about Financial Risk in Today's Economy...

The concept of “risk management” is the single most important element to address in the investment process. We work closely with you to help you identify the financial risks you may face and then formulate an investment plan to address these risks over time.

Investors today face *multiple* financial risk factors including the following:

- Longevity Risk:** Outliving your financial resources.
- Volatility Risk:** Having financial markets and asset values go up and down dramatically.
- Interest Rate Risk:** Losing principal value in bond investments as interest rates rise.
- Inflation Risk:** Experiencing a rising cost of living due to a declining U.S. dollar.
- Tax Risk:** Having your net worth eroded over time by increasing taxes and fees.
- Counter-Party Risk:** Being exposed to a financial institution or insurer that fails.

The questions asked in this **Investor Profile** section are designed to help us learn more about the following important investment variables as they apply to your unique financial circumstances:

- Investment Objectives and Time Horizon**
- Portfolio Withdrawal Needs for Regular Income and/or Major Expenses**
- Portfolio Contributions for Savings Goals**
- Special Investment Considerations**
- Volatility Tolerance**
- Other Risk Management Considerations**

An Important Comment about Inflation...

The base inflation rate that **AFCG** uses for real-world investment planning purposes is currently **5% per year**, which corresponds to the historical rate since 1971 when President Nixon ended international dollar convertibility to gold. **AFCG** considers excessive inflation (i.e., a loss of purchasing power due to money supply growth) to be a significant financial risk to investment portfolios for the foreseeable future.

AFCG places special emphasis on discussing the topic of inflation and currency risk associated with U.S. dollar-denominated investments. Helping our clients actively manage inflation risk and think about wealth preservation in “real” (inflation-adjusted) terms is integral to our investment process.

Investment Objectives and Time Horizon

Investment objectives for my household can be described as follows (check all that apply):

- Build wealth for longer term investment goals more than 5 years away
- Make portfolio withdrawals for regular income within the next 1 to 5 years
- Fund major lump-sum expenses expected within the next 1 to 5 years
- Fund education expenses for children/grandchildren/other dependents
- Preserve wealth for transfer to heirs
- Utilize tax-efficient gifting and/or charitable giving strategies
- Take Required Minimum Distributions (RMD's) from IRA's and/or retirement plans
- Maximize employer-provided retirement plans and understand the investment options
- Other (please describe): _____

Portfolio Withdrawals for Regular Income and/or Major Expenses

1. If you expect to make portfolio withdrawals for regular income within the next 1 to 5 years, please provide details regarding your anticipated withdrawal schedule:

Amount:\$ _____ Frequency: _____ Begin Date: _____

2. If you expect to make withdrawals for major expenses within the next 1 to 5 years, please provide details regarding the type of expense and anticipated withdrawal schedule:

Expense: _____ Amount:\$ _____ Date Needed: _____

Expense: _____ Amount:\$ _____ Date Needed: _____

Expense: _____ Amount:\$ _____ Date Needed: _____

Expense: _____ Amount:\$ _____ Date Needed: _____

Portfolio Contributions for Savings Goals

1. Do you expect to make regular savings contributions to your portfolio for longer term goals?

Yes Amount:\$_____ Frequency:_____

No

2. If you expect to have major lump-sum expenses over the next 1 to 5 years, do you have a separate savings plan for these?

Yes Amount:\$_____ Frequency:_____

No

Special Investment Considerations

1. Do you expect any significant increase or decrease in your household income or net worth in the near future?

No

Yes (please describe):_____

2. Please describe other special considerations or concerns you would like to tell us about (if any):

Volatility Tolerance

1. When monitoring your investments over time, how often do you check your account values?

Client 1: ___ Daily ___ Weekly ___ Monthly ___ Quarterly ___ Annually

Client 2: ___ Daily ___ Weekly ___ Monthly ___ Quarterly ___ Annually

2. What news source do you use most often to obtain information and opinions about financial markets and the economy? (check all that apply)

___ Local Newspaper

___ Financial Newspapers (Wall Street Journal, Barron's, etc)

___ Financial TV (CNBC, FoxBusiness, etc.)

___ Web sites (please list): _____

___ Nightly TV News

___ Family and/or Friends

___ Books and Industry Publications

___ I generally ignore the daily financial news and focus on other things

___ Other (please describe): _____

3. What kind of investor do you consider yourself to be?

Client 1: ___ Very Conservative--I prefer the relative safety of cash, bonds, and CD's.

___ Conservative--I prefer income investments with a little growth potential.

___ Moderate--I prefer growth investments mixed with some income.

___ Aggressive--I prefer the higher return potential of growth investments.

Client 2: ___ Very Conservative--I prefer the relative safety of cash, bonds, and CD's.

___ Conservative--I prefer income investments with a little growth potential.

___ Moderate--I prefer growth investments mixed with some income.

___ Aggressive--I prefer the higher return potential of growth investments.

4. Inflation makes the cost of everyday goods and services rise over time. This erodes the purchasing power of dollars saved today for use in the future. Adding specific investments to a portfolio for inflation protection can result in an *increase* in portfolio volatility. With this in mind, how would you describe your household's investment return expectations for your portfolio?

I am not concerned about having my portfolio keep pace with inflation. I just want to preserve the nominal dollar value of my savings and receive some income.

My portfolio should keep pace with inflation. I am willing to accept a minimal amount of periodic volatility to pursue this objective.

I want to achieve moderate portfolio growth above inflation. I am willing to accept a moderate amount of periodic volatility to pursue this objective.

I am very concerned about inflation and the U.S. dollar. I want to achieve maximum protection from inflation and am willing to accept a higher amount of periodic volatility to pursue this objective.

Other Risk Management Considerations

The questions below address other risk management factors for consideration that can have a material effect on your investment plan and net worth over time. In specific situations, a discussion about additional financial planning to address appropriate risk management strategies may be recommended.

1. Do you feel the need to save more and/or reduce household expenses to reach your financial goals?

Yes, but I need help putting together a household cash flow analysis and spending plan

No, my current household cash flow is adequate for my goals

2. Do you have long-term care insurance?

Client 1: Yes No

Client 2: Yes No

3. Where do you plan to retire?

City/State: _____

4. Do you anticipate having to help provide financial support for aging parents or other dependents?

Client 1: Yes No

Client 2: Yes No

5. Do you have an umbrella liability insurance policy for asset protection from lawsuits?

Yes No

6. If you have dependents and/or estate tax exposure, do you have adequate amounts of life insurance to provide needed liquidity for your beneficiaries?

Not sure

Yes, I've done a recent capital needs analysis and policy review

7. Do you have existing estate planning documents--wills, trusts, durable powers of attorney, advance medical directives, updated beneficiary forms, etc.?

Client 1: Yes No

Client 2: Yes No

If "yes", in what year were these documents last updated? _____

8. Do your parents have a current estate plan with appropriate legal documents in place?

Client 1: Yes No Not sure

Client 2: Yes No Not sure

9. Are you named as Executor, Trustee, Trust Protector, and/or Agent under anyone else's estate planning documents?

Client 1: Yes No

Client 2: Yes No

SECTION IV.

OTHER ADVISORS

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

Name: _____

Firm: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Insurance Agent

Name: _____

Firm: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

SECTION V.

CLIENT SIGNATURE

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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