VISION FINANCIAL GROUP

1134 Thomas Jefferson Road
Suite 2 | P.O. Box 205
Forest, VA 24551

Office: 434.525.2330
Fax: 434.231.2392
www.visionfinancialva.com

CONFIDENTIAL QUESTIONNAIRE

Please help us get to know you by providing the information requested. Understanding your situation will help us serve you better.

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). If any of the information is incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

Any information you provide is kept strictly confidential.

PERSONAL INFORMATION

	Client 1	Client 2
Name		
Phone Number		
Email Address		
Address		
Date of Birth		
Annual Income	$ ❑ Retired?	$ ❑ Retired?

CHILDREN

Name	Date of Birth	Lives in Household	Plan for Education
		❑ Yes ❑ No	❑ Yes ❑ No
		❑ Yes ❑ No	❑ Yes ❑ No
		❑ Yes ❑ No	❑ Yes ❑ No
		❑ Yes ❑ No	❑ Yes ❑ No

GOALS

Please rank the following goals in order of importance to you (1 = most important)

_____ Planning for Retirement
_____ Saving for College
_____ Budgeting
_____ Managing Investments
_____ Other: ______________________________

FINANCES

	Client 1		Client 2	
	Total	Annual Contributions	Total	Annual Contributions
Employer Plan	$	$	$	$
Roth IRA	$	$	$	$
Traditional IRA	$	$	$	$
Cash/Bank Products	$		$	
Other Investments:				
Real Estate (not primary residence)	$			
Stocks	$			
Bonds	$			
Insurance Products/Annuities	$			
Other:	$			

CONSIDERATIONS

What is your monthly retirement income goal (typically at least 75% of current monthly take-home pay)?	$	
At what age do you plan to retire?	Client 1:	Client 2:
What are your estimated annual household expenses (mortgage/rent, utilities, typical bills)?		
Do you have any special expenses (wedding, college, home purchase, etc.) coming up? If so, when and how much?	Years:	$

NOTES