

Jeff K. Ross Financial Services

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Client Review Meeting Questionnaire

Date: _____

*Our **mission** at Jeff K. Ross Financial is to provide investors with advice that is objective, truthful and fair...and to do so with outstanding customer service that is both effective and compassionate.*

Client I Name: _____ DOB: _____

D/L #: _____ State: _____ SSN: _____

Client II Name: _____ DOB: _____

D/L #: _____ State: _____ SSN: _____

Address I: _____

Address II: _____

Home Ph.I: () _____ Work Ph.I: () _____ Cell I: () _____

Home Ph.II: () _____ Work Ph.II: () _____ Cell II: () _____

Email Address I: _____

Email Address II: _____

New Contact
Information: _____

E-Mail: service@jeffkrossfinancial.com

Securities and Advisory services offered through LPL Financial, a registered investment advisor. Member FINRA/SIPC.
Jeff K. Ross Financial Services and LPL Financial are separate and unrelated companies.

1. Most important financial goals _____

2. Most important financial concerns _____
3. Do you have any requests to change the asset allocation of your accounts? _____
4. Are there any changes in your investment objectives? (growth, income, preservation) _____
5. Are there any investment restrictions that you wish to request for the management of your accounts? _____
6. Have you provided a Legacy for a Place of Worship or Non-Profit Organizations that you support? _____
7. Are there any changes in your financial status or your lifestyle that may have an impact on the management of your accounts? _____

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VII. Balance Sheet

A. Assets (what you own)

Home:	Market Value:	\$	Equity:	\$
	Other Real Estate 1:	\$		\$
	Other Real Estate 2:	\$		\$
Auto 1		\$		\$
Auto 2		\$		\$
Art, jewelry, tools (Estimated Value)				\$
Estimated Value of Business				\$
Investments:				
	Total All Bank Accounts			\$
	Total All Education Accounts			\$
	Total All Retirement Accounts			\$
	Total All Trust Accounts			\$
	Total All Other Accounts			\$
	Total Investments.....			\$

Total Assets \$

B. Liabilities (what you owe)

Mortgage Balance --- Home	Liabilities:	\$
	Other Real Estate 1	\$
	Other Real Estate 2	\$
Auto 1		\$
Auto 2		\$
Credit cards		\$
Private loans		\$
	Total Liabilities	\$

C. Total Net Worth..... \$

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Cash Flow (Current)

A. Income from Current Employment

(Retirement Income on following page)

Sources	Gross (Before taxes and deductions)	Net (After taxes and deductions) <i>what goes into bank account</i>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Totals	\$	\$

B. Primary Expenses (if itemized – see attached)

Medical, Healthcare, Fitness Center, etc.	\$	/month
401-K (Retirement Accounts)	\$	/month
Insurance (auto, home, life, health, LTC, etc.)	\$	/month
Taxes	\$	/month
Mortgage Payment(s)	\$	/month
Debt Repayment (total other than mortgage payment)	\$	/month
Essential (home maintenance, food, utilities, etc.)	\$	/month
Charitable Gifts	\$	/month
Total Primary Expenses	\$	

C. Discretionary Expenses

Dining	\$	/month
Entertainment	\$	/month
Clothing	\$	/month
Travel	\$	/month
Hobbies	\$	/month
Other	\$	/month
Total Discretionary Expenses	\$	/month

Total Monthly Expenses

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Retirement Income Planner

1. Do you plan to make any withdrawals from Investment Accounts in the next 5 years? _____

Describe:

2. Projected Retirement Date: _____ / _____ / _____ _____ / _____ / _____

3. Retirement Income	Sources	Acct Values	Projected Annual Income
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____

TOTAL INCOME..... \$ _____

Other Investment Accounts	\$ _____
Bank Accounts	\$ _____
_____	\$ _____
_____	\$ _____
Total Value of All Investment Accounts:	\$ _____

Desired Annual Income During Retirement:	\$ _____
Current Household Income	\$ _____
% of Current Income for New Contributions to Savings:	_____ %

Projected Inflation Rate.....	_____ %
Projected Investment Rate of Return.....	_____ %
Include Social Security?.....	_____ Yes
	_____ No
Married?.....	_____ Yes
	_____ No

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Client(s) Initials

1. Dreams, Goals, Concerns and Experience

2. Cash Flow

3. Assets

4. Liabilities

5. Employee Benefits

6. Insurance:
 - life
 - disability
 - health
 - long term care
 - medicare supplement

7. Investment Objectives & Risk Philosophy

8. Wills and Trusts

9. Investment Education:
 - Mutual Fund Categories
 - Mutual Fund Fees and Expenses
 - Annuities
 - Stocks, Bonds, ETFs and Alternative Investments

Client I Name

Date

Client II Name

Date

Advisor’s Signature

Date

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