

Jeff K. Ross Financial Services

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Client Profile Form

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 1

Client 2

Name: _____ (M/F) _____ (M/F)

Phone: _____

Email: _____

DOB: _____ Age: _____

SS#: _____

Driver's Lic: _____

Home Address: _____

Secondary Address: _____

Children

Name: _____ Age: _____ DOB: _____ SS#: _____

Name: _____ Age: _____ DOB: _____ SS#: _____

Name: _____ Age: _____ DOB: _____ SS#: _____

Name: _____ Age: _____ DOB: _____ SS#: _____

Client 1

Client 2

Business: _____

Prof. Title: _____

Bus Address: _____

Hobbies: _____

Health: _____

Unique Circumstances: _____

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.

2. Foundation/Mission

Goals _____

Dreams _____

Vision _____

of a Wonderful lifestyle _____

of your ideal Retirement lifestyle _____

Concerns _____

Challenges _____

What is important to you? _____

Who is important to you? _____

History



Places you have lived _____

Significant past experiences _____

Family history _____

Accomplishments _____

Thankful for: _____

Happiness:  1 _____ 10 

Describe _____

Change/Improvements _____

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3. Relationships

	Client 1	Client 2
Parents:	_____	_____
Relatives:	_____	_____
Best Friends:	_____	_____
Professional:	_____	_____
Accountant:	_____	_____
	Attorney:	_____
Banks:	_____	_____
Organizations:	_____	
Charities, Religious, etc.:	_____	

4. Financial Goals

(Please rank the following goals according to your own priorities of importance. Assign a "1" to those of the greatest importance, and assign the same number to any that share the same level of importance. Write "NI" for those actions which you have "No Interest" to discuss. Write "C" for those actions which you have completed.)

- _____ design a financial path to Retirement
- _____ improve investments _____ growth of capital
- (Rank 1 – 5) _____ current income
- _____ future income (approximate date ___/___/___)
- _____ preservation of capital (less risk)
- _____ protection
- _____ manage spending habits
- _____ secure appropriate insurance protection
- _____ give financial support to particular Charitable Organizations
- _____ minimize estate taxes
- _____ secure the appropriate arrangement for gifts and transfer of asset ownership after death
- _____ enjoy an affordable lifestyle

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5. Financial Experience and Philosophy

A. Positive: _____

B. Negative: _____

C. How many years have you been investing? Client 1: _____ Client 2: _____

	1	2		1	2		1	2
Savings	_____	_____	Mutual Funds	_____	_____	Options	_____	_____
CD's	_____	_____	Stocks	_____	_____	Limited Partnerships	_____	_____
Bonds	_____	_____	Annuities	_____	_____	Variable Contracts	_____	_____
ETF's	_____	_____	Alternatives	_____	_____	401-K, 403-B, etc.	_____	_____

D. Describe your perspective on investment risk (if you had invested \$100,000 and then one year later it was worth \$90,000, how would you respond? – sell, hold, buy more):

How much risk are you willing to take to achieve a higher return?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
 Low Risk High Risk

E. Describe your Perspective on Risk Management

Current Insurance:	1	2
Life Insurance	_____	_____
Disability	_____	_____
Long Term Care	_____	_____
Health Insurance	_____	_____

F. Do you have a will and/or living trust? _____ Date of last revision? _____
 Do you have a Power of Attorney? _____ Explain _____
 Have you appointed a Healthcare Surrogate/Patient Advocate? _____
 Are there any special needs/circumstances for any family members? _____

Does your will include any charities or non-profit organizations? _____

G. How do you make financial decisions?

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6. Balance Sheet

A. Assets (what you own)

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

Total Assets \$

B. Liabilities (what you owe)

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

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

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7. 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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8. RETIREMENT INCOME PLANNER

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

Describe:

1. Projected Retirement Date: _____ / _____ / _____

2. 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

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9. Action Plan (for changes and improvements)

10. Implementation

11. Monitoring/Reviews

Frequency of reports _____

Frequency of conversations _____

Frequency of Review Meetings _____

Criteria for measuring financial accomplishments and satisfaction _____



Client 1 Name

Date

Client 2 Name

Date

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