

# Jeff K. Ross Financial Services

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## Investor 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 1

### Client 2

Name: \_\_\_\_\_(M/F) \_\_\_\_\_(M/F)  
Phone: (H)\_\_\_\_\_ (C) \_\_\_\_\_ (H)\_\_\_\_\_ (C) \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_ \_\_\_\_\_ 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: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Unique Circumstances: \_\_\_\_\_  
\_\_\_\_\_

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*So that we might serve you better, please help us to get to know you better:*

**II. LIFESTYLE GOALS**

Goals \_\_\_\_\_

Dreams \_\_\_\_\_

Vision \_\_\_\_\_

Concerns \_\_\_\_\_

Challenges \_\_\_\_\_

**History**

Places you have lived \_\_\_\_\_

Significant past experiences \_\_\_\_\_

Family history \_\_\_\_\_

Accomplishments \_\_\_\_\_

1. How would you rate your current quality of life?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Terrible Terrific

2. If you could change one aspect of your life to improve the quality, what would you change?

\_\_\_\_\_

3. Describe your favorite hobbies or pleasures:

\_\_\_\_\_

4. Who are the most important people in your life?

\_\_\_\_\_

\_\_\_\_\_

5. Describe your health and your family's health:

\_\_\_\_\_

6. Describe the areas of your life for which you are most thankful:

\_\_\_\_\_

7. If you were a critical care patient in an Emergency Room, what would you share with your closest friends and family as to what you believe is most important in life?

\_\_\_\_\_

\_\_\_\_\_

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8. What would you tell a child is most important about money? \_\_\_\_\_  
 \_\_\_\_\_
9. If you could improve one aspect of money in your life, what would it be? \_\_\_\_\_  
 \_\_\_\_\_
10. Describe any Charities and Non-Profit Organizations in which you participate and support: \_\_\_\_\_  
 \_\_\_\_\_
11. What does your "Retirement Lifestyle" look like for you? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Have you written your "Life Story"? \_\_\_\_\_  
 \_\_\_\_\_

**III. Significant Relationships**

	<b>Client 1</b>	<b>Client 2</b>
Parents:	_____	_____
Relatives:	_____	_____
Best Friends:	_____	_____
Professional:	_____	_____
Accountant:	_____	_____
	Attorney:	_____
Banks:	_____	_____
Organizations/Memberships:	_____	
	_____	
Charities, Religious, etc.:	_____	
	_____	

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## **IV. Financial Objectives**

(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 of Capital and Growth
- \_\_\_\_\_ 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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## **V. Financial Experience and Philosophy**

Positive: \_\_\_\_\_

Negative: \_\_\_\_\_

1. What is your most important financial goal?

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

2. What is your greatest financial concern?

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

3. What would you like to change about your current investment program?

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

Do you have an "Investment Policy Statement?" \_\_\_\_\_

4. How do you measure your success in achieving your investment goals?

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

5. Describe your perspective on investment growth rate:

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

6. Describe your perspective on income from investments:

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

7. How do you make investment decisions and changes?

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

8. How often would you like to review your investment portfolio?

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

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9. How many reports do you like to receive per year? \_\_\_\_\_

Do you prefer: Mail \_\_\_\_\_ or E-mail \_\_\_\_\_

10. What types of reports would you like to receive?

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

11. How often (per year) do you want to meet with your Financial Advisor?

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

12. How often do you want to talk with your Financial Advisor?

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

13. 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	_____	_____
ETFs	_____	_____	Alternatives	_____	_____	401-K, 403-B, etc.	_____	_____

14. 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

15. Describe your perspective on Risk Management

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

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16. Please summarize your Current Insurance Coverage

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

17. Currently, who do you consult for financial advice?

- Tax (CPA): \_\_\_\_\_
- Investments: \_\_\_\_\_
- Insurance: \_\_\_\_\_
- Bank: \_\_\_\_\_
- Financial Advisor: \_\_\_\_\_
- Relatives, Friends: \_\_\_\_\_
- Legal (Attorney): \_\_\_\_\_

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? \_\_\_\_\_

18. What motivated you to meet with us?

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

19. What are your top three expectations from your Financial Advisor?

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

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**VI. INVESTOR PHILOSOPHY AND PRIORITIES**

1. What is the best financial decision you ever made? \_\_\_\_\_  
\_\_\_\_\_

2. What is the worst financial decision you ever made? \_\_\_\_\_  
\_\_\_\_\_

3. What is your most valuable asset? \_\_\_\_\_  
\_\_\_\_\_

- 4. A. What % of your income do you allocate toward your financial security? \_\_\_\_\_%
- B. What % for your home? \_\_\_\_\_%
- C. What % for your entertainment and recreation? \_\_\_\_\_%
- D. What % do you donate to charity? \_\_\_\_\_%

5. In 1 or 2 words, how do you feel about the following?
- A. Debt - \_\_\_\_\_
  - B. Inflation - \_\_\_\_\_
  - C. Taxes - \_\_\_\_\_
  - D. Insurance - \_\_\_\_\_
  - E. Investments - \_\_\_\_\_
  - F. Annuities - \_\_\_\_\_
  - G. Charitable Contributions - \_\_\_\_\_
  - H. Planning for the future - \_\_\_\_\_

6. How important is it to you to leave an inheritance to certain people in your estate plan?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Not Very

7. How important is it to you to help your children or grandchildren in funding their college education?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Not Very

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8. Do you have any long term financial obligations for supporting dependents or parents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. If you were to become ill or injured, how would you pay for your medical care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. If you were ill or injured and out of work for several months or years, how would you pay for your basic living expenses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. If your health was such that you needed assistance with daily activities (at home or at a care facility,) how would you pay for such care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. A. When you die, are there any individuals or organizations who will suffer a financial loss as a result of your death? (describe) \_\_\_\_\_  
\_\_\_\_\_
- B. How important is it to you to replace that financial loss? \_\_\_\_\_
- C. In the ninth month after your death, what percent of your estate do you plan on giving to the U.S. Government? \_\_\_\_\_%

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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			\$
	<b>Total Investments.....</b>			<b>\$</b>

**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		\$
	<b>Total Liabilities</b>	<b>\$</b>

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

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## **VIII. 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 the bank</i>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Totals</b>	<b>\$ _____</b>	<b>\$ _____</b>

### **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
<b>Total Primary Expenses</b>	<b>\$ _____</b>	

### **C. Discretionary Expenses**

Dining	\$ _____	/month
Entertainment	\$ _____	/month
Clothing	\$ _____	/month
Travel	\$ _____	/month
Hobbies	\$ _____	/month
Other	\$ _____	/month
<b>Total Discretionary Expenses</b>	<b>\$ _____</b>	/month
<b>Total Monthly Expenses</b>	<b>\$ _____</b>	

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