

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.
Our specialty is to help people who want to enhance and protect their nest egg and share their estate.*

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: _____

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

II. LIFESTYLE GOALS

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? _____

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”? _____

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III. INVESTOR GOALS, PERSPECTIVES AND EXPERIENCE

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

Do you have an "Investment Policy Statement?" _____

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

3. How many years have you been investing? Client I: _____ Client II: _____

	I	II		I	II		I	II
Savings	_____	_____	Mutual Funds	_____	_____	Options	_____	_____
CD's	_____	_____	Stocks	_____	_____	Limited Partnerships	_____	_____
Bonds	_____	_____	Annuities	_____	_____	Variable Contracts	_____	_____

4. Describe your perspective on investment growth rate:

5. Describe your perspective on income from investments:

6. 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

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. 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? _____

14. What motivated you to meet with us?

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

Please provide a written statement regarding your expectations in working with us, specifically how we can be most helpful to you.

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IV. 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

8. Do you have any long term financial obligations for supporting dependents or parents? _____

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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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