

**PERSONAL AND FINANCIAL INFORMATION**

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**Confidential Information**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Phone Home: \_\_\_\_\_ **Cell:** \_\_\_\_\_  
Email: \_\_\_\_\_  
**Employer (or former):** \_\_\_\_\_ **Expected Retirement Date:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Phone Home: \_\_\_\_\_ **Cell:** \_\_\_\_\_  
Email: \_\_\_\_\_  
**Employer (or former):** \_\_\_\_\_ **Expected Retirement Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_  
**Wedding Anniversary Date:** \_\_\_\_\_

**Veteran** You  **Spouse**  **Branch:** \_\_\_\_\_ **Years Served:** \_\_\_\_\_  
**Hobbies/Interests:** \_\_\_\_\_  
**Pets: (type/names)** \_\_\_\_\_

**Children:**

**Name:** \_\_\_\_\_ **DOB :** \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **DOB :** \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **DOB :** \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Grandchildren:**

**Name:** \_\_\_\_\_ **DOB :** \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **DOB :** \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Advisor(s)**

**Financial Advisor/Stockbroker:** \_\_\_\_\_ **Accountant:** \_\_\_\_\_  
**How would you rate your advisor? 1 (lowest) to 10** \_\_\_\_\_ **Attorney:** \_\_\_\_\_  
**How often do you have a review of your plan?** \_\_\_\_\_  
**I pay my advisor annually: \$** \_\_\_\_\_ **or** \_\_\_\_\_ **%.**  
**What do you want from your advisor?** \_\_\_\_\_

## Legal Documents

	You		Spouse	
Do you have a will?	Yes	No	Yes	No
Dated: _____				
Does it include a Durable Power of Attorney?	Yes	No	Yes	No
Do you have a Medical Power of Attorney?	Yes	No	Yes	No
Has it been amended to comply with HIPAA?	Yes	No	Yes	No
Are your powers of attorneys electronically filed?	Yes	No	Yes	No
Do you have a Living or Revocable Trust?	Yes	No	Yes	No
Dated: _____				
Have you pre-arranged your funeral?	Yes	No	Yes	No

## Insurance

### Your Life Insurance Totals:

Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

### Spouse Life Insurance Totals:

Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

Do you have Long Term Care Insurance? Yes  No

## Other

Do you have an Umbrella Liability Policy? Yes  No

If so, what is the coverage limit? \$1,000,000  \$2,000,000  Other: \_\_\_\_\_

Do you have Medicare supplement (65)? Yes  No  If yes, with what company? \_\_\_\_\_

## Real Estate

### Personal Residence Information:

Purchase price: \$ \_\_\_\_\_ Purchase year: \_\_\_\_\_

Estimated value today: \$ \_\_\_\_\_

Outstanding Mortgage: \$ \_\_\_\_\_ Term remaining \_\_\_\_\_

Interest Rate: \_\_\_\_\_%

\_\_\_\_\_ Fixed Term (30 year, 15 year, etc.) \_\_\_\_\_ ARM (5 year, 7 year, 10 year, etc.) \_\_\_\_\_ Interest only

Do you have other property? Yes  No  Rental Property? Yes  No

Have you used your Homestead Exemption (65)? Yes  No

## Investment Accounts

Please provide full statement copies of all investment related accounts. Put Initials or "Joint" beside each.

### Non-IRA Accounts:

Financial Institution                      Account Value

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Retirement Accounts: IRA, 401k, 403b, 457, etc.

Financial Institution                      Account Value

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What have been your least favorite investments? \_\_\_\_\_

## Client Questionnaire

What do you think a reasonable rate of return is? You \_\_\_\_\_ % Spouse \_\_\_\_\_ %

What percentage or dollar amount of your money would you be OK with losing?

You \_\_\_\_\_ % or \$ \_\_\_\_\_ Spouse \_\_\_\_\_ % or \$ \_\_\_\_\_

How much short-term, immediate cash do you want available? You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Please rank the following items from 1-3 based on what is most important to you: (1 = most important)

Protection from Loss: \_\_\_\_\_ Return: \_\_\_\_\_ Liquidity: \_\_\_\_\_

What do you want your retirement assets to accomplish? What are the goals for your assets?

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

What is the main concern with your assets and retirement nest egg?

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

There are four things you can do with your nest egg. Which two are most important to you and your spouse?

- Spend it
- Pass it along on to family through inheritance or gifting
- Purchase financial products with risk of loss to principal
- Purchase financial products, including insurance products, without the risk of loss to principal

## Debt Related

Please list any outstanding debts besides mortgages listed on page 2.

Type of debt	Amount Owed	Interest Rate	Current Payment	Payoff Date
_____	\$ _____	_____ %	\$ _____	_____
_____	\$ _____	_____ %	\$ _____	_____
_____	\$ _____	_____ %	\$ _____	_____

Bank or Credit Union: \_\_\_\_\_

## Income & Expenses

### Monthly Income

	You	Spouse
Wages/Salary	\$ _____	\$ _____
Social Security Statements	\$ _____	\$ _____
Savings per month	\$ _____	\$ _____
Pension (Details of Pension)	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

### Monthly Expenses

Approximate Monthly Expenses \$ \_\_\_\_\_ (or detailed worksheet provided)

Do you expect a significant change, up or down, in your cash flow in the near future? Yes  No

Explain: \_\_\_\_\_

## Your Current Concerns

	Concerned	Not Concerned
Keeping my investments safe from losses	_____	_____
Making sure that my assets provide income for my/our lifetime	_____	_____
Knowing my cash flow plan for retirement	_____	_____
Knowing the Cost/Fees/Risk in current portfolio	_____	_____
Reducing Income and Estate Taxes	_____	_____
Knowing all my options with Social Security	_____	_____
Protecting myself from possible long term care expenses	_____	_____
Leaving a legacy to my family and/or charities	_____	_____
Getting my legal affairs in order	_____	_____

Please share any additional information about money, taxes, insurance, health or past financial experiences that you would like to discuss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Investment Advisory Services offered through Ross Wealth Advisors, LLC, a registered investment advisor in the State of Ohio. Insurance products and services are offered through Ross Wealth Advisors, LLC.