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Significant Relationships

In the event of a major crisis, life-change, or celebration, it is a tremendous convenience to the person handling your affairs to have a list of the people you want to be contacted. The relationships listed here are entirely optional. This information is strictly confidential and will not be shared.

Name of Client I: _____

DOB: ____/____/____ SS# ____/____/____

Hm Address: _____

Wk Address: _____

2nd Hm Address: _____

Hm Phone: () _____ Wk Phone: () _____

Cell Phone: () _____ Fax Phone: () _____

Email: _____

Name of Client II: _____

DOB: ____/____/____ SS# ____/____/____

Wk Address: _____

Cell Phone: () _____ Wk Phone: () _____

Other Phone: () _____ Fax Phone: () _____

Email: _____

Children Name (s):

1) Name: _____ Gender: M __ F __

DOB: ___/___/___ SS# ___/___/___

Hm Address: _____

Phone: () _____ Spouse: _____

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

2) Name: _____ Gender: M __ F __

DOB: ___/___/___ SS# ___/___/___

Hm Address: _____

Phone: () _____ Spouse: _____

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

3) Name: _____ Gender: M __ F __

DOB: ___/___/___ SS# ___/___/___

Hm Address: _____

Phone: () _____ Spouse: _____

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

Child's Name: _____ Gender: M __ F __ DOB: ___/___/___

Client I - Siblings:

1) Name: _____ Phone: () _____

Spouse's Name: _____

Address: _____

2) Name: _____

Spouse's Name: _____

Address: _____

3) Name: _____

Spouse's Name: _____

Address: _____

Client I - Former Spouse:

Name: _____ Phone: () _____

Address: _____

Client I - Parent(s):

Name: _____ Phone: () _____

Address: _____

Parent(s) Friend: _____ Phone: () _____

Address: _____

Client II - Siblings:

1) Name: _____ Phone: () _____

Spouse's Name: _____

Address: _____

2) Name: _____

Spouse's Name: _____

Address: _____

3) Name: _____

Spouse's Name: _____

Address: _____

Client II - Former Spouse:

Name: _____ Phone: () _____

Address: _____

Client II - Parent(s):

Name: _____ Phone: () _____

Address: _____

Parent(s) Friend: _____ Phone: () _____

Address: _____

List Beneficiaries (additional worksheet is available):

1) Name: _____ Phone: () _____

Address: _____

2) Name: _____ Phone: () _____

Address: _____

3) Name: _____ Phone: () _____

Address: _____

Neighbor:

1) Name: _____ Phone: () _____

Address: _____

2) Name: _____ Phone: () _____

Address: _____

Financial Advisor:

Name: _____ Phone: () _____

Address: _____

Attorney:

Name: _____ Phone: () _____

Address: _____

Accountant:

Name: _____ Phone: () _____

Address: _____

Banker:

Name: _____ Phone: () _____

Address: _____

Insurance Agent:

Name: _____ Phone: () _____

Address: _____

Employer:

Name: _____ Phone: () _____

Address: _____

Doctor:

Name: _____ Phone: () _____

Address: _____

Therapist:

Name: _____ Phone: () _____

Address: _____

Clergy:

Name: _____ Phone: () _____

Address: _____

Executor:

Name: _____ Phone: () _____

Address: _____

Other Significant Relationships:

Name: _____ Phone: () _____

Relationship: _____

Address: _____

Name: _____ Phone: () _____

Relationship: _____

Address: _____

Name: _____ Phone: () _____

Relationship: _____

Address: _____

Date of Last Review of Will & Trusts: ____ / ____ / ____

Date of Last Review of Beneficiaries:

Life Insurance: ____ / ____ / ____

Health Insurance: ____ / ____ / ____

Annuities: ____ / ____ / ____

401-k (etc.): ____ / ____ / ____

IRA: ____ / ____ / ____

Pension: ____ / ____ / ____

I agree to these listed herein being contacted and informed:

- 1. In the event of my death.
 Yes No
- 2. In the event of my being incapacitated
 Yes No
- 3. In the event of a celebration (Retirement Party)
 Yes No
- 4. That I have provided their names to my Advisor as a significant relationship
 Yes No

Client Signature

Date

Client Signature

Date

Witness Signature

Date