

# R. Karras, Asset Management & Planning, LLC

## Preliminary Data Gathering Questionnaire



*"Are we the missing piece of your financial picture?"*

### **R. Karras Asset Management & Planning, LLC**

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**CLIENT INFORMATION SHEET**

**CLIENT INFORMATION**

CLIENT NAME \_\_\_\_\_ D/O/B \_\_\_\_\_ S.S.# \_\_\_\_\_  
 SPOUSE/PARTNER \_\_\_\_\_ D/O/B \_\_\_\_\_ S.S.# \_\_\_\_\_  
 Status (circle one):    Married          Single          Not Married/Together          Other  
 Home Address \_\_\_\_\_ Other address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Where would you like your mail sent?          Home          Business          Other

**CLIENT**

Occupation \_\_\_\_\_ U.S. Citizen:    Y    N  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Approximate net worth \$ \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Approximate income    \$ \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PARTNER**

Occupation \_\_\_\_\_ U.S. Citizen:    Y    N  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Approximate net worth \$ \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Approximate income    \$ \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**CHILDREN**

_____	D/O/B _____	S.S.# _____
_____	D/O/B _____	S.S.# _____
_____	D/O/B _____	S.S.# _____
_____	D/O/B _____	S.S.# _____
_____	D/O/B _____	S.S.# _____
_____	D/O/B _____	S.S.# _____
_____	D/O/B _____	S.S.# _____
_____	D/O/B _____	S.S.# _____

Please list any special interests or hobbies:

**PRIOR INVESTMENT EXPERIENCE**

Indicate H, M, or L H = high M = moderate L = low  
 Listed stocks and bonds \_\_\_\_\_ Insurance \_\_\_\_\_ Public limited partnerships \_\_\_\_\_  
 Mutual funds \_\_\_\_\_ Annuities \_\_\_\_\_ Tangible Assets \_\_\_\_\_  
 Other: (please indicate) \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARTNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**QUALITATIVE SURVEY**

**HOW DID YOU HEAR ABOUT US?**

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**WHAT ARE YOUR FINANCIAL CONCERNS?**

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**DO YOU CURRENTLY MANAGE YOUR OWN PORTFOLIO?      YES      NO**

**HOW DO YOU THINK WE MIGHT HELP YOU?**

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**DO YOU HAVE THE FOLLOWING?                      CLIENT                      PARTNER**

Power of Attorney / Appointment	YES	NO	YES	NO
Will	YES	NO	YES	NO
Living Will	YES	NO	YES	NO
Health Care Power of Attorney	YES	NO	YES	NO

**ADDITIONAL COMMENTS**

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**ASSETS**

TYPES OF INVESTMENTS	APPROXIMATE CURRENT VALUE	OWNER (ACCOUNT TITLE)
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**PERSONAL TAXABLE ACCOUNTS**

Liquid Assets (e.g., Bank Accounts, Money Market Accounts)	\$ _____	_____
Fixed Annuities and Cash Value Life Insurance	\$ _____	_____
Bonds	\$ _____	_____
Bond Funds	\$ _____	_____
Stocks	\$ _____	_____
Stock Funds	\$ _____	_____
Variable Annuities	\$ _____	_____
Other Investments (not including your home)	\$ _____	_____

Please Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TAX-SHELTERED ACCOUNTS- PENSIONS, IRAs, ETC.**

Liquid Assets (e.g., Bank Accounts, Money Market Accounts)	\$ _____	_____
Fixed Annuities and Cash Value Life Insurance	\$ _____	_____
Bonds	\$ _____	_____
Bond Funds	\$ _____	_____
Stocks	\$ _____	_____
Stock Funds	\$ _____	_____
Variable Annuities	\$ _____	_____
Other Investments (not including your home)	\$ _____	_____

Please Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CASH FLOW**

**ESTIMATED LIVING EXPENSES**

\$

(combined, not including income taxes)

(see Cash Flow Worksheet - next page)

<b>ESTIMATED NON-INVESTMENT INCOME</b>	<b>CLIENT</b>	<b>SPOUSE/PARTNER</b>
From Employment:	\$	\$
From Defined Benefit Pensions:	\$	\$
From Social Security:	\$	\$
From Other:	\$	\$

**RETIREMENT**

Desired retirement age: \_\_\_\_\_

**REAL ESTATE**

**FIRST**

**SECOND**

Property Description: \_\_\_\_\_

Approximate current value: \$ \_\_\_\_\_

Approximate loan balance: \$ \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_

Date of origination: \_\_\_\_\_

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

Term: \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_

**LIABILITIES**

**FIRST**

**SECOND**

General Description: \_\_\_\_\_

Approximate current balance: \$ \_\_\_\_\_

**EXPECTED ONE-TIME EXPENDITURES (<5 YRS)**

**CLIENT**

**SPOUSE/PARTNER**

(new car, vacation, etc.)

#1. \_\_\_\_\_

\$

\$

#2. \_\_\_\_\_

\$

\$

#3. \_\_\_\_\_

\$

\$

#4. \_\_\_\_\_

\$

\$

**COLLEGE (IF APPLICABLE)**

Are you currently or will you be paying for tuition? \_\_\_\_\_

Are they public or private institutions? \_\_\_\_\_

How many years? \_\_\_\_\_

PROFESSIONAL ADVISORS

USE THIS SECTION TO LIST THOSE PROFESSIONALS AND FAMILY MEMBERS/FRIENDS WHO HELP YOU WITH SPECIFIC ASPECTS OF YOUR FINANCES SUCH AS YOUR ACCOUNTANT OR INSURANCE AGENT. WE WILL NOT CONTACT ANYONE WITHOUT YOUR PERMISSION.

ACCOUNTANT ATTORNEY

Name \_\_\_\_\_  
Company \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Do we have permission to contact him/her regarding your investments and related matters? YES NO

Do we have permission to contact him/her regarding your investments and related matters? YES NO

OTHER OTHER

Name \_\_\_\_\_  
Company \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Do we have permission to contact him/her regarding your investments and related matters? YES NO

Do we have permission to contact him/her regarding your investments and related matters? YES NO

## **CLIENT DOCUMENTS**

**PLEASE BRING THE MOST RECENT COPIES OF THE FOLLOWING DOCUMENTS WITH YOU.  
BETTER YET, IF POSSIBLE, PLEASE SEND US, IN ADVANCE OF OUR  
MEETING (IN THE ENCLOSED ENVELOPE), COPIES OF THESE  
DOCUMENTS SO WE CAN BE BETTER PREPARED WHEN YOU VISIT US.**

**➤ CURRENT STATEMENTS FOR SAVINGS ACCOUNTS, CD's, CHECKING ACCOUNTS,  
MONEY MARKET ACCOUNTS, MUTUAL FUNDS, BROKERAGE ACCOUNTS, IRA's  
TRUSTS AND OTHER INVESTMENTS**

**➤ ANNUITY AND LIFE INSURANCE CONTRACTS**

**➤ COST BASIS OF INVESTMENTS LISTED ABOVE**

**➤ RETIREMENT/PENSION PLAN STATEMENTS**

**➤ LAST YEARS TAX RETURN**

**➤ WILLS, TRUSTS, DURABLE POWERS, HEALTH CARE POWERS**

**➤ ANY OTHER ITEMS THAT YOU BELIEVE MAY BE OF IMPORTANCE IN ASSISTING YOU  
WITH YOUR FINANCIAL PLANNING ISSUES**