



STERLING MANOR  
FINANCIAL, LLC

## Let's Get Organized!

Instructions: Please complete the following pages with the utmost care. The quality of the advice we are able to give will be directly dependent upon the quality of the data we receive. Wherever possible, please provide current copies of source documentation (e.g. account statements, insurance policies, etc.). All information is strictly confidential.

### Client

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number - - \_\_\_\_\_

Sex \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Electronic Signatures When Available? (Y/N) \_\_\_\_\_

Occupation # Yrs \_\_\_\_\_

Employer Name \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Work Phone ( ) - \_\_\_\_\_

Marital Status: (M/S/D/W) \_\_\_\_\_

Citizenship \_\_\_\_\_

Driver's License Number \_\_\_\_\_

DL Issue Date State \_\_\_\_\_

DL Expiration Date \_\_\_\_\_

Approximate Income \_\_\_\_\_

Target Retirement Date \_\_\_\_\_

INVESTMENT EXPERIENCE: Enter investment experience for each investment category: (1) None (2) Occasional (3) Frequent (4) Extensive

Stocks Bonds \_\_\_\_\_

Options Annuities \_\_\_\_\_

Mutual Funds Insurance \_\_\_\_\_

REITs/DPPs/LPs \_\_\_\_\_

### Co Client

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number - - \_\_\_\_\_

Sex \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Electronic Signatures When Available? (Y/N) \_\_\_\_\_

Occupation # Yrs \_\_\_\_\_

Employer Name \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Work Phone ( ) - \_\_\_\_\_

Marital Status: (M/S/D/W) \_\_\_\_\_

Citizenship \_\_\_\_\_

Driver's License Number \_\_\_\_\_

DL Issue Date State \_\_\_\_\_

DL Expiration Date \_\_\_\_\_

Approximate Income \_\_\_\_\_

Target Retirement Date \_\_\_\_\_

Stocks Bonds \_\_\_\_\_

Options Annuities \_\_\_\_\_

Mutual Funds Insurance \_\_\_\_\_

REITs/DPPs/LPs \_\_\_\_\_

## Expenses

Simply list the amount of each expense in the correct column according to frequency.

Expense	Weekly	Monthly	Yearly
Cable TV			
Dining			
Dues			
Entertainment			
Gifts/Charity			
Gifts/Family			
Hobbies			
Recreation			
Subscriptions			
Travel			
Professionals			
Health Club			
Pets			
Mortgage (P&I)			
Rent			
Prop. Taxes			
Utilities			
H/O Insurance			
Food/Groceries			
Clothing			
Auto Insurance			
Auto Loans			
Auto Maint			
Vehicle Tax			
Dry Cleaning			

Expense	Weekly	Monthly	Yearly
Disability Ins.			
Life Insurance			
Long-Term Care Ins.			
Medical Ins.			
Umbrella Ins.			
Alimony			
Child Support			
Bank Charges			
Credit Cards			
Dependent Care			
Education Costs			
Home Repairs			
Other Loans			
Other Post-Tax			
Other Pre-Tax			
Retirement Savings			
Prescriptions			
Personal Care			
Telephone			
Gasoline			
Cell Phones			

**Continues On Back**

## Income

Include documentation to substantiate your current AND future income sources. Current paystubs, W-2s, Form 1099s, Social Security benefit statements, future pension estimate statements are some of the common source documents. Many of these may be stapled to your most recent tax return. Social Security statements can be found online at [www.socialsecurity.gov/mystatement](http://www.socialsecurity.gov/mystatement)

- |                                                            |                                                   |                                       |
|------------------------------------------------------------|---------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Current Pay Stub                  | <input type="checkbox"/> Form W-2                 | <input type="checkbox"/> Form 1099    |
| <input type="checkbox"/> Social Security Benefit Statement | <input type="checkbox"/> Future Pension Estimates | <input type="checkbox"/> Other Income |

## Statements of Assets and Liabilities

Please include statements for all assets and liabilities, which include but are not limited to, the following:

### Assets

- |                                                    |                                                          |                                       |
|----------------------------------------------------|----------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Checking/ Savings Account | <input type="checkbox"/> 529 Plans                       | <input type="checkbox"/> Annuities    |
| <input type="checkbox"/> Investment Accounts/ IRAs | <input type="checkbox"/> 401k/ 403b/ TSA/ Deferred Comp. | <input type="checkbox"/> Other Assets |

### Liabilities

- |                                                               |                                            |                                        |
|---------------------------------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Vehicle Loans                        | <input type="checkbox"/> Credit Card Debt  | <input type="checkbox"/> Student Loans |
| <input type="checkbox"/> Mortgages/ Home Equity Loans & Lines | <input type="checkbox"/> Other Liabilities |                                        |

### Taxes

- ☐ Please include your most recent Federal tax return, including all schedules and attachments.

### Insurance

Please include recent statements for all life, disability and long-term care insurance policies, whether privately owned or owned through your employer.

- |                                            |                                               |                                                   |
|--------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Life Insurance    | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Long-Term Care Insurance |
| <input type="checkbox"/> Employee Benefits |                                               |                                                   |

## Dependents & Beneficiaries (D/B)

We assume co-clients as primary beneficiaries, and those listed below as contingent, unless otherwise instructed. Please indicate percentages for each beneficiary, and whether they have special needs considerations.

Name	Date of Birth	Social Security Number	D	B	(%)	SN
			<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>

## Trusted Contact

Please list someone, other than your spouse, who we may contact in the event we find you unreachable for an extended period. For senior clients, this should be someone we can contact in the rare event we observe a change in your health, concerning diminished capacity, and to help prevent exploitation in the event we observe irregular activity in your accounts. This should be someone with whom you have frequent contact.

*Name*

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*Phone*

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*Relationship*

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## Your Financial Team

As your financial advisors, it may be necessary to contact the other professionals in your life from time to time, in order to help ensure all aspects of your financial life are represented. Please provide names and contact information for your accountant and attorney.

### Accountant

*Name*

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*Firm Name*

---

*Address*

---

---

*Phone* (     )     -     *Ext.*

---

*Fax* (     )     -

---

*Email*

---

### Attorney

*Name*

---

*Firm Name*

---

*Address*

---

---

*Phone* (     )     -     *Ext.*

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*Fax* (     )     -

---

*Email*

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*Date of Most Recent Will & Trust*

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## Notes & Questions

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