Today's Date: ___________________

Sterling Wealth Advisors, Inc.

Personal Financial Planning Profile

The following information is strictly confidential and will not be disclosed to anyone without your consent.

General Information

Client's Name: ____________________________ Co-Client's Name: ____________________________

Birth date: ____________________________ Birth Date: ____________________________

Social Sec. #: ____________________________ Social Sec. #: ____________________________

DL#___________________________________ DL#_______________________________________

DL Issue Date: ____________ Exp: __________ DL Issue Date: ____________ Exp: _____________

Citizenship: ______________________________ Citizenship: _________________________________

Address: ____

County: __________________________________

Phone #s: ______________ (home) _______________ (work/Client) _______________ (work/Co-Client)

Fax #: _________________ e-mail:________________________ other: _______________________

Job Title/Work Address: (Client) ____

Job Title/Work Address: (Co-Client) ____

If you own a business, please provide the Federal EIN: ____

Please select one: ◯ Single ◯ Married ◯ Divorced ◯ Widowed ◯ Domestic Partner

Children:

Name	Address	Birthdate	Social Sec. #

Client: Prior Marriages #____ Children from: ____

Co-Client: Prior Marriages #____ Children from: ____

Grandchildren:

Number of Grandchildren: __________

Grandchildren's Ages: ______ ______ ______ ______ ______ ______ ______

Are your parents living? Please check below if yes:

Client: Mother ☐ Father ☐ **Co-Client**: Mother ☐ Father ☐

Client **Co-Client**

Please check: Employed ☐ Self-Employed ☐ Retired ☐ | Employed ☐ Self-Employed ☐ Retired ☐

Occupation: ____________________ ____________________

Employer: ____________________ ____________________

Financial Planning Priorities and Goals

What are your three most important financial concerns or goals?

1. ____

____

2. ____

____

3. ____

____

Assets *Please estimate the value of the following:*

Checking Accounts ____________________

Savings Accounts ____________________

CDs, Savings Bonds ____________________

Brokerage Accounts ____________________
(includes stocks, bonds, mutual funds,
money market accounts, etc.)

Retirement Accounts ____________________
(includes IRAs, 401(k)s, 403(b)s, annuities, etc.)

Your Home ____________________

(estimated fair market value)

Other Real Estate ____________________

Other Assets ____________________

Liabilities *Please estimate the current balance of the following:*

Primary Mortgage ____________________

Other Mortgages ____________________

Auto Loans ____________________

Home Equity Loan ____________________

Education Loans ____________________

Credit Card Balances ____________________
(list only if they are not paid off monthly)

Alimony ____________________

Other Debts ____________________

Annual Earned Income

Client

Salary ____________________

Commission ____________________

Co-Client

Salary ____________________

Commission ____________________

Bonus	______________________	Bonus	______________________
Social Security	______________________	Social Security	______________________
Pension	______________________	Pension	______________________
Other Income	______________________	Other Income	______________________

Is income fairly consistent and reliable?

☐ Yes ☐ No ☐ Yes ☐ No

Contributions

Are you contributing on a regular basis to a retirement plan such as an IRA, 401(k), 403(b), etc.?

Client: ☐ Yes ☐ No Co-Client ☐ Yes ☐ No

Estate Planning

Do you have a will(s)? ☐ Yes ☐ No

Do you have any trusts? ☐ Yes ☐ No

Please list your current professional advisors:		Are you pleased with their service?	Phone #
Accountant:	______________________	☐ Yes ☐ No	______________
Attorney:	______________________	☐ Yes ☐ No	______________
Brokerage Co: (and broker)	______________________	☐ Yes ☐ No	______________
Insurance Co: (and agent)	______________________	☐ Yes ☐ No	______________
Bank:	______________________	☐ Yes ☐ No	______________
Other:	______________________	☐ Yes ☐ No	______________

Insurance

How much life insurance do you have? What type of insurance is it?

	Client		Co-Client
	$ ______________________		$ ______________________
Type	______________________	Type	______________________

Do you (both) have health insurance? ☐ Yes ☐ No

Do you (both) have disability insurance? ☐ Yes ☐ No

Do you have auto insurance? ☐ Yes ☐ No

Do you have homeowner’s insurance? ☐ Yes ☐ No

Do you have an umbrella liability policy? ☐ Yes ☐ No

Other Information

Do you follow a budget? ☐ Yes ☐ No

What do you expect to earn on your investments?

6-8% ________ 8-10% ________ 10-12% ________ 12-15% ________ 15% +________

Have you ever been unhappy with the recommendations of a stockbroker, insurance agent, and/or financial advisor or consultant?______________ If yes, please explain:

____

____

Who may we thank for your referral? ____

Is there any other information you would like to provide at this time? ______________________________

____

____

On a Personal Note:

What do you like to do with your free time? ____

What brings you the most happiness? ____

____

Where in the world would you like to travel most? _______________________________________

Please bring to the meeting the following: (1) your previous 3 years' tax returns (federal only), (2) most recent statements for your brokerage/investment accounts, IRAs, 401(k)s, 403(b)s, pensions, etc., (3) a recent pay stub for client and co-client, and (4) any other pertinent information.

Thank You!