



STERLING WEALTH ADVISORS®

New-Client Questionnaire

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

General Information:

Date:

Client's Name:

Co-Client's Name:

Social Sec #:

Social Sec #:

Last Name on SS:

Last Name on SS:

Town and State Born:

Town and State Born:

High School Attended:

High School Attended:

Citizenship:

Citizenship:

What is the best way for us to communicate with you?

Phone Email Fax Mail

What is your preferred phone #?

Home Cell Business Other

Assets:

Do you have a Pension? Yes No

If yes, is your pension "non-covered," meaning that you did not pay in social security taxes on some or all of your income? Yes No

Can you make after-tax contributions to your 401(k)/403(b) retirement plan?

Yes No

In the past, have you made after-tax contributions to your 401(k)/403(b) retirement plan?

Yes No

Contributions:

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

Client:	Yes	No	Co-Client:	Yes	No
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Estate Planning:

Do you have a will? Yes No

Do you have any trust? Yes No

Please list your current professional advisors:

Are you pleased with their service? Phone #:

Accountant:	Yes	No
Attorney:	Yes	No
Brokerage Co:	Yes	No
Insurance Co:	Yes	No
Bank:	Yes	No
Other:	Yes	No

Insurance:

How much life insurance do you have, and what type of life 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 (both) have auto insurance?	Yes	No
Do you (both) have homeowner's insurance?	Yes	No
Do you (both) have umbrella insurance?	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%+
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What do you like to do with your free time?

What brings you the most happiness?

Where in the world would you most like to travel?

Thank you!