



*Sterling Manor Financial, LLC*

*For You. For Them. For Generations.*

**CONFIDENTIAL**

**Client Data Gathering Guide**

**Client Name:** \_\_\_\_\_

**Data Current as of:** \_\_\_\_\_

(Date)

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Securities and investment advisory services provided solely through Cadaret, Grant & Co., Inc. Member FINRA/SIPC.  
Sterling Manor Financial, LLC and Cadaret, Grant are separate entities.

### Instructions:

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

### Personal Data

#### Client 1

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

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

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

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

DL Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

DL Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone : (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Work Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

#### Client 2

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

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

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

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

DL Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

DL Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone : (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Work Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

### Income:

Include documentation to substantiate your current income. 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.

### Dependents

Name	Date of Birth	Social Security Number

### Beneficiaries

Same as dependents

Name	Date of Birth	Social Security Number

### Taxes:

Please include your federal and state tax returns for the previous two years.

### Assets and Liabilities:

Please include documentation for all assets and liabilities, which may include the following:

Cash on hand/Checking balance	Savings Accounts, CDs	Tax-Free Bonds
Stocks/Mutual Funds	Real Estate	Business/Limited Partnerships
Annuities (Fixed/Indexed/Variable)	403(b)/TSA	401(k)
Traditional IRA	Roth IRA	Simple/SEP IRA
Deferred Compensation	UTMA/UGMA	529 Plans
Credit Card Debt	Student Loans	Mortgages

### Insurance:

Please include recent statements for all life, disability and long-term care insurance policies. If possible, please include the actual policies, as well. We will evaluate your current level of coverage and recommend changes if necessary to help ensure your coverage is adequate to protect your financial security.

## Expenses

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			
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			

