

# **CONFIDENTIAL FINANCIAL DATA**



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## FINANCIAL PLANNING QUESTIONNAIRE

Client Information:	Client 1	Client 2
Full Name		
Date of Birth		
Social Security Number		
Address		
City/State/ZIP		
Phone (Home)		
Phone (Cell)		
Email		

## Dependents (please include adult dependents)

Dependent Last Name	First Name	MI	Date of Birth	From Previous Marriage? (y/n)
Dependent Last Name	First Name	MI	Date of Birth	From Previous Marriage? (y/n)
Dependent Last Name	First Name	MI	Date of Birth	From Previous Marriage? (y/n)
Dependent Last Name	First Name	MI	Date of Birth	From Previous Marriage? (y/n)
Dependent Last Name	First Name	MI	Date of Birth	From Previous Marriage? (y/n)



## Documents Needed for the Next Meeting

The following documents will be needed for study and analysis as we work together to create a financial strategy for you. It is understood that this material will be treated confidentially and returned when the plan is completed, or earlier if requested.

### Most Recent Payroll Stubs

Client  
Co-client

### Income Tax Returns

Client  
Co-client  
Business

### Investments and Retirement Statements and/or plan descriptions

Social Security Statement from ssa.gov  
Pension/Profit Sharing  
SEP/SIMPLE  
401k/ TSA/ 457/ Deferred Comp  
IRA/ Roth  
529  
Securities Accounts  
Saving and investments  
Annuities

### Wills and Trusts

Client  
Co-client

**Other:**

### Insurance Policies and/or Statements

Life  
Medical  
Disability  
Long-term Care  
Auto and Home  
Liability  
Group Insurance

### Employee Benefit Statements/ Booklets

Client  
Co-client

### Business Documents

Buy-Sell Agreements  
Deferred Compensation Agreements  
Split Dollar Agreements  
Wage Continuation Agreements  
Employee/Consulting  
Group Benefit Programs  
Other Employer Paid Benefits

### Cash Flow Worksheet



## Current Income

	Amount	Frequency	Client
Wages, salary, tips			
Cash dividends			
Interest received			
Social Security income			
Pension income			
Rents, royalties			
Annuities			
Business income			
Other income			

## ASSETS / LIABILITIES House / Property (including Investment Real Estate)

	Property 1	Property 2	Property 3
Description			
Ownership			
Real Estate Tax (annual)			
MORTGAGE INFORMATION:			
Loan Start Date			
Original Loan Amount			
Interest Rate			
Loan Duration			
Monthly Payment (prin + int)			
Current Market Value of Property			
Outstanding Loan Balance			
Rental Income (if applicable)			
Rental Expenses (if applicable)			
Purchase price / Cost basis			

**Other Liabilities**  
(auto loans, credit cards, lines of credit, education loans)

	Liability 1	Liability 2	Liability 3	Liability 4
Description				
Ownership				
Loan Start Date				
Original Loan Amount				
Interest Rate				
Loan Duration				
Payment Amount				
Outstanding Loan Balance				

**Non-Qualified Assets\***  
(Bank accounts, investments and non-qualified annuities)

Name	Ownership	Market Value	Cost Basis	Annual Contributions
Checking				
Savings / MM/ CDs				

**Qualified Assets\***  
(Qualified retirement plans, IRAs, qualified annuities)

Institution/ Account Name	Ownership	Market Value	Annual Contributions	Annual Employer Contributions (if applicable)	Beneficiaries Updated? (y/n)

\*Please also provide account statements with asset allocation information.

## Education Funds (529 Plans or UTMA's)

Name	Owner	Donor	Beneficiary	Market Value	Annual Contributions

## Business Entities (attach separate sheet if multiple)

Name:		
Type (LLC, Partnership, S Corp, C Corp)		
Ownership		
Purchase Date		
Purchase Amount		
Market Value		
Liability		
Growth Rate		
Buy/Sell Agreement	Yes	No

## Stock Options (Attach statement with vesting schedule)

	Grant #1	Grant#2	Grant #3
Underlying Stock			
ISO or Non-Qualified			
Owner			
Exercise Price			
Grant Date			
Expiration Date			
# Shares			

## GOAL PLANNING:

### CASH RESERVES

Question: How do you feel about your current level of cash reserves?

### MAJOR PURCHASES (cars, vacations, 2.4 home, remodel, etc.)

Description	Start Year	Number of Years	Amount Needed	Existing Assets

### EDUCATION GOALS

Student	Start Age	Years Annual	Cost Increase(%)	Existing Assets

## RETIREMENT PLANNING DETAILS

How do you envision your retirement?

.....

How might your spending in retirement change (travel, downsize, health care)?

.....

What is your greatest retirement concern?

.....

## Social Security Retirement Benefits

	Client	Co-Client
Include Monthly Retirement Benefits?	____ Yes ____ No	____ Yes ____ No
Monthly Amount		
Start Date	Age ____	Age ____
Index (COLA) rate for Social Security	2% or ____ %	2% or ____ %

## Defined Benefit Pensions

	Client	Co-Client
Monthly or Lump Sum Amount	\$ _____	\$ _____
Effective Date	Age ____	Age ____
Index (COLA) rate for monthly benefits	0% or ____ %	0% or ____ %

## Retirement Expenses

	Monthly Amount	or	% of Current Spending
Retirement Spending Goal	\$ _____		_____ %

## Retirement Incomes

(including annuity income or expected inheritance)

Type of Income	Client or Co-client	Amount	Frequency	Index COLA rate (if any)	Start Age	End Age



# INSURANCE

What is your primary goal for your life insurance policies?

.....

How did you arrive at the amount of life insurance you have?

.....

If Client 1 were to pass away, how would you envision income and expenses changing? Would you still want to fund your long-term goals in the same manner?

.....

.....

If Client 2 were to pass away tomorrow, how would you envision income and expenses changing? Would you still want to fund your long-term goals in the same manner?

.....

.....

## Life Insurance

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company					
Type (e.g. term,universal)					
Effective Date					
Insured					
Policy Owner					
Beneficiary					
Contingent Beneficiary					
Death Benefit					
Annual Premium					
Cash Surrender Value					
Loan					
Statement Attached?					

# DISABILITY

If Client 1 or Client 2 were sick or hurt and unable to work, what would be the financial impact?

## Disability Insurance

	Policy 1	Policy 2	Policy 3
Description (group LTD, group STD, individual DI)			
Effective Date			
Insured			
Monthly Benefit			
Taxable (yes / no)			
Index Rate for Benefit Amount			
Elimination Period			
Benefit Period			
Annual Premium			

# LONG TERM CARE

Has anyone in your family ever experienced a long-term care need?

.....

What feelings do you have about long-term care including home care, assisted living and skilled nursing care?

.....

What feelings do you have about insuring against the risk of asset loss in the event of a long-term care need?

.....

## Long-Term Care Insurance

	Policy 1	Policy 2	Policy 3
Description			
Insured			
Daily Benefit			
Index for Inflation			
Waiting Period			
Benefit Period			
Annual Premium			

## ESTATE PLANNING

	Client	Co-client
Do you have a will?		
Do you have advance directives? (living will, health care power of attorney, durable power of attorney)		
Are you confident your will, advance directives, and beneficiary designations are up to date?		

## Trust Details (indicate date of last update)

Family Member	Credit Shelter Trusts	Marital Trust	Living Trust	QTIP Trust	Other Testamentary Trusts
Client					
Co-client					
Trustee(s)					



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