

ORGANIZER / PLANNER

(The first step to planning a successful financial future is up to you)

“If you don’t have your own personal plan, we have one for you”

Uncle Sam (IRS)

I look forward to meeting with you in the near future to discuss your retirement / financial planning concerns. To help you prepare for the first appointment I have attached a few items that are important and necessary to insure that our time together is well spent.

1. Consultation “Check List”
2. Information
3. First Appointment Questionnaire
4. Income / Asset / Expense Summary
5. Notes

PLEASE DO THE FOLLOWING !

Print, complete and bring the following pages to our next appointment. If you prefer to send in advance, please scan or take pictures of pages 1, 3-11 and email to michael@michaelmendonca.com.

REMEMBER THE BIGGEST FINANCIAL RISKS SENIORS FACE TODAY ARE:

- Running out of money
- Healthcare costs, including the HIGH cost of long-term care, depleting their assets

What steps have you taken to mitigate these risks?

MENDONCA INSURANCE SERVICES

949.954.4445

CA Lic. # 0716839

CONSULTATION CHECK LIST

(Please have available any of the below that apply to your situation)

- 1) Most recent Tax Return (1040)
- 2) Most recent Brokerage Statements
- 3) Most recent Annuity Statements
- 4) Life Insurance Policies
- 5) Long Term Care Insurance Policies
- 6) Legal Documents (Wills, Trusts, Power of Attorney, Living Will)

INFORMATION

Name (Self) _____

Birthdate: _____ Resident City: _____

Resident Zip Code: _____

Height _____ Weight _____ Smoke (Y/N) _____

Any current illnesses (Y/N) _____ If Y, what is the illness _____

Medications (What health issues do they address) _____

Do you own a home (Y/N) _____ If so, current value _____ Owe _____

**Name
(Spouse/Partner)** _____

Birthdate: _____ Resident City: _____

Resident Zip Code: _____

Height _____ Weight _____ Smoke (Y/N) _____

Any current illnesses (Y/N) _____ If Y, what is the illness _____

Medications (What health issues do they address) _____

Do you own a home (Y/N) _____ If so, current value _____ Owe _____

Signature _____ Date _____

FIRST APPOINTMENT QUESTIONNAIRE

1. **Income & Expense Summary:** I need to know the sources of your current NET monthly income and monthly expenses.

INCOME

A. Employment

Self \$ _____ Are you self-employed (Y/N) _____

Are you putting money away in a Pre-Tax Savings Plan (IRA, 401k, 403b etc..) (Y/N) _____

If Yes, how much per month \$ _____

Do you know the rate of return you are getting (Y/N) _____

If Yes, what is your rate of return _____%

Spouse/Partner \$ _____ Are you self-employed (Y/N) _____

Are you putting money away in a Pre-Tax Savings Plan (IRA, 401k, 403b etc..) (Y/N) _____

If Yes, how much per month \$ _____

Do you know the rate of return you are getting (Y/N) _____

If Yes, what is your rate of return _____%

B. Social Security:

Self \$ _____ Age you will receive full amount _____

Spouse/Partner \$ _____ Age you will receive full amount _____

C. Pensions (If applicable)

Self \$ _____ Age Receive _____ Survivorship % to spouse _____

Spouse/Partner \$ _____ Age Receive _____ Survivorship % to spouse _____

D. Any expected Windfalls (Inheritance, Gifts, etc.) in the future (Y/N) _____

If Yes, how much and in what year \$ _____ Year _____

Continued on next page.....

Signature _____ Date _____

C. Additional net monthly income from savings / investments (If applicable and Sources): IRA's, / Annuities / Rental Property / Brokerage Accounts / CD's Etc..

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

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Source _____ / Amount \$ _____

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Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Source _____ / Amount \$ _____

Signature _____ Date _____

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C. Additional net monthly income from saving / investments (If applicable and Sources): IRA's, / Annuities / Rental Property / Brokerage Accounts / CD's Etc..

Source _____ / Amount Receiving \$ _____

Source _____ / Amount Receiving \$ _____

Source _____ / Amount Receiving \$ _____

Source _____ / Amount Receiving \$ _____

Source _____ / Amount Receiving \$ _____

Source _____ / Amount Receiving \$ _____

Source _____ / Amount Receiving \$ _____

Source _____ / Amount Receiving \$ _____

Source _____ / Amount Receiving \$ _____

EXPENSES (Monthly)

Self \$ _____ Excluding Credit Cards

Spouse/Partner \$ _____ Excluding Credit Cards

Credit Cards \$ _____ Total Balances \$ _____

Total Monthly Expenses \$ _____

Any anticipated large expenses (Car, Roof etc.) in the future (Y/N) _____

If Yes, how much and in what year \$ _____ Year _____

If Yes, how much and in what year \$ _____ Year _____

If Yes, how much and in what year \$ _____ Year _____

Signature _____ Date _____

2. Tax- Qualified Plans ((Pre-Tax Plans) (If applicable and Sources)): IRA's / Annuities / 401K / TSA's 403B / Thrift Savings Plans etc.) / Who Owns (O) the plan / % in Stocks (S) Mutual Funds (MF) Bonds (B).

Source _____ / Amount \$ _____ / O _____

% (S) _____ % (MF) _____ % (B) _____

Source _____ / Amount \$ _____ / O _____

% (S) _____ % (MF) _____ % (B) _____

Source _____ / Amount \$ _____ / O _____

% (S) _____ % (MF) _____ % (B) _____

Source _____ / Amount \$ _____ / O _____

% (S) _____ % (MF) _____ % (B) _____

Source _____ / Amount \$ _____ / O _____

% (S) _____ % (MF) _____ % (B) _____

Source _____ / Amount \$ _____ / O _____

% (S) _____ % (MF) _____ % (B) _____

Source _____ / Amount \$ _____ / O _____

% (S) _____ % (MF) _____ % (B) _____

Source _____ / Amount \$ _____ / O _____

% (S) _____ % (MF) _____ % (B) _____

Signature _____ Date _____

3. Life Insurance In-Force:

Death Benefit / Current Cash Value / Monthly Premium

Self _____ / _____ / _____

Self _____ / _____ / _____

Self _____ / _____ / _____

Self _____ / _____ / _____

Spouse/Partner _____ / _____ / _____

Spouse/Partner _____ / _____ / _____

Spouse/Partner _____ / _____ / _____

Spouse/Partner _____ / _____ / _____

"Biggest Benefit in the Tax-Code...Life Insurance"
Ed Slott (America's Certified Public Accountant)

4. Long-Term Care Insurance In-Force:

Amount / Daily Benefit / Inflation Protection / Monthly Premium

Self _____ / _____ / (Y/N) _____ / _____

Spouse/Partner _____ / _____ / (Y/N) _____ / _____

"70% of people over the age of 65 will need some sort of long-term care."
CA Dept. Of Health & Human Services

Signature _____ Date _____

5. Certificate of Deposits (CD's):

Dollar Amount Invested / Maturity Date / Location

- 1. _____ / _____ / _____
- 2. _____ / _____ / _____
- 3. _____ / _____ / _____
- 4. _____ / _____ / _____
- 5. _____ / _____ / _____
- 6. _____ / _____ / _____
- 7. _____ / _____ / _____
- 8. _____ / _____ / _____
- 9. _____ / _____ / _____
- 10. _____ / _____ / _____
- 11. _____ / _____ / _____
- 12. _____ / _____ / _____
- 13. _____ / _____ / _____
- 14. _____ / _____ / _____
- 15. _____ / _____ / _____

Signature _____ Date _____

6. Beneficiary Information (List the individuals or charities if any that you want to receive your assets at death):

	Name	/	Relationship	/	Date of Birth	/	Percentage
1.	_____	/	_____	/	_____	/	_____
2.	_____	/	_____	/	_____	/	_____
3.	_____	/	_____	/	_____	/	_____
4.	_____	/	_____	/	_____	/	_____
5.	_____	/	_____	/	_____	/	_____
6.	_____	/	_____	/	_____	/	_____
7.	_____	/	_____	/	_____	/	_____
8.	_____	/	_____	/	_____	/	_____
9.	_____	/	_____	/	_____	/	_____
10.	_____	/	_____	/	_____	/	_____
11.	_____	/	_____	/	_____	/	_____
12.	_____	/	_____	/	_____	/	_____
13.	_____	/	_____	/	_____	/	_____
14.	_____	/	_____	/	_____	/	_____
15.	_____	/	_____	/	_____	/	_____

Signature _____ Date _____

NOTES

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