

# 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 and email pages 1, 3-11 to [info@michaelmendonca.com](mailto:info@michaelmendonca.com) or fax pages 1, 3-11 to Michael at 949.362.1957

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 \$ \_\_\_\_\_

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Source \_\_\_\_\_ / Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ / Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ / Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Continued from previous page)

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 \$ \_\_\_\_\_

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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. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
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- 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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