

MENDONCA INSURANCE SERVICES

949.954.4445

CA Lic. # 0716839

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. Income / Asset Summary :
3. First Appointment Questionnaire:

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)

First Appointment Questionnaire

Please complete prior to appointment and bring to appointment or complete and fax to Michael / Scott at 949.385.4952 prior to appointment

1. Income Summary: I need to know the sources of your income.
(new amounts)

A. Monthly Social Security:

Husband \$ _____

Wife \$ _____

B. Pensions if applicable:

Husband \$ _____ / Survivorship percentage to spouse % ____

Wife \$ _____ / Survivorship percentage to spouse % ____

C. Additional monthly / annual income from investments if applicable and sources: (IRA's / Annuities / Rental Property / Brokerage Accounts / CD's ect.)

1. Source _____ / Amount \$ _____

2. Source _____ / Amount \$ _____

3. Source _____ / Amount \$ _____

4. Source _____ / Amount \$ _____

Signature _____ Date _____

Signature _____ Date _____

2. Tax Qualified Plans (IRA's / 401K Plans / TSA's / 403B / Thrift Savings Plans ect.) / Also list who owns the plan.

1. Source _____ / Dollar Amount \$ _____

2. Source _____ / Dollar Amount \$ _____

3. Source _____ / Dollar Amount \$ _____

4. Source _____ / Dollar Amount \$ _____

6. Source _____ / Dollar Amount \$ _____

7. Source _____ / Dollar Amount \$ _____

8. Source _____ / Dollar Amount \$ _____

9. Source _____ / Dollar Amount \$ _____

10. Source _____ / Dollar Amount \$ _____

3. Life Insurance _____ **in force** _____
Death Benefit / Current Cash Value

1. Husband

2. Wife

Signature _____ Date _____

4. Certificate of Deposit (CD's)

Dollar Amount Invested / Maturity Date

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

5. _____ / _____

6. _____ / _____

7. _____ / _____

8. _____ / _____

9. _____ / _____

10. _____ / _____

Signature _____ Date _____

5. 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.	/	/	/

NOTES