



CONFIDENTIAL FINANCIAL QUESTIONNAIRE

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MML Investors Services, LLC. Member SIPC. (www.sipc.org).

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CONFIDENTIAL FINANCIAL QUESTIONNAIRE

Thank you for the opportunity to work with you on developing personal financial strategies to help you achieve your financial objectives.

This confidential questionnaire is the first step in establishing a financial plan for you. An analysis of your financial situation requires that we have the clearest picture of your past and present financial decisions. Please include the information requested, being as complete in your answers as possible. Only I and my authorized professional staff will have access to this information, under strict standards of confidentiality.

CHECKLIST OF NEEDED DOCUMENTS

Federal and State Income Tax Return for last year.

Paycheck stubs for you and your spouse showing deductions from gross income.

Wills and Trust documents.

Quarterly Securities Statements for:

- IRA's
- 529 College Savings Plans
- Brokerage Accounts
- Stocks and Bonds
- 401(k) Retirement Statements

Life and Disability Income Insurance Policies

Company-provided group benefits for you and your spouse, or your annual employee benefit statement from your employer.

PERSONAL INFORMATION

Your Full Name	Date of Birth	Cell Phone
Spouse (Full name)	Date of Birth	Cell Phone
Child	Date of Birth	
Child	Date of Birth	
Child	Date of Birth	
Child	Date of Birth	
Home Address	City	Zip Code
Home Telephone	Home email	
Work Email	Work Email	

OCCUPATION

Yours (title)	Employer	Telephone	
Employer Address	City	State	Zip Code
Length of Service (years)	Current Base Salary	Bonus	
Spouse (title)	Employer	Telephone	
Employer Address	City	State	Zip Code
Length of Service (years)	Current Base Salary	Bonus	

PERSONAL BACKGROUND

Attorney

CPA

Wills/Date

Trust/Date

Power of Attorney

Living Will

Location of key documents

Parents

Health

Address

Wills/Trusts

Parents

Health

Address

Wills/Trusts

Wedding Date

College

Prior Marriage

Alimony

Child Support

Family Medical Conditions

Family Hobbies

SAVINGS AND RETIREMENT ACCOUNTS

Item	Institution	Jointly held	Yourself	Spouse	Child
Savings Account					
Savings Account					
Checking Account					
Checking Account					
Savings Bonds					
Money Market Fund					
IRA					
IRA					
Rollover IRA					
Rollover IRA					
401(k) Plan – Match					
401(k) Plan – Match					
Vested Profit Sharing /Pension					
Vested Profit Sharing /Pension					
College 529 Plan					
College 529 Plan					
How much do you save voluntarily on a monthly basis?					

MARKETABLE SECURITIES

(or copies of most recent monthly or quarterly statements)

Current Market Value Shares/units	Jointly held	Yourself	Spouse	Child
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Mutual Funds

Stocks

Bonds

Managed Accounts

REAL ESTATE

	Purchased Year	Price	Ownership (Jointly, etc.)	Improvements Capital Expenditures	Market Value
Home					
Vacation					
Investment					
Land					
Land					

MORTGAGES

	Interest Rate	Monthly Payment (Incl. Taxes)	Years Remaining	Mortgage Unpaid Balance
Home				
Vacation				
Investment Property				

LOANS OR DEBTS

	Monthly Payment	Months Remaining	Loans Unpaid Balance	Insured Yes/No
Home Equity				
Car				
College				
Credit Cards				
Others				

MISCELLANEOUS PERSONAL PROPERTY - Market Value

Item(s)	Amount	Insured(?)
General Household		
Furnishings and Appliances		
Artwork, antiques, etc.		
Jewelry		
Yourself		
Spouse		
Automobiles		
Car 1		
Car 2		
Car 3		
Boat, Trailer, etc.		
Collections		
Stamps		
Rare Coins		
Other		

INCOME - WEEKLY, BI-WEEKLY, MONTHLY (Copy of W2 or paystub)

Yourself

Spouse

Gross Income

Pretax Exemptions

Section 125 Plans

401(k) Retirement

Medical Insurance

Federal Taxes

State Taxes

Net Income

MONTHLY EXPENSES

Property Insurance

Natural Gas

Students Loans

Oil

Children's Tuition

Electric

Daycare Expense

Cable

Membership Dues

Charity

Vacation

House Upkeep

Children's
Extra Curricular
Expenses

Parents
Extra Curricular
Expenses

LIFE INSURANCE (Annual statements or actual policies needed)

Insurance Company	Insured	Death Benefit	Cash Value	Annual Premium

DISABILITY INSURANCE (Annual statements or actual policies needed)

Insurance Company	Insured	Monthly Benefit	Waiting/ Benefit Period	Annual Premium

LONG-TERM CARE INSURANCE (Annual statements or actual policies needed)

Insurance Company	Insured	Daily Benefit	Waiting/ Benefit Period	Annual Premium

GROUP MEDICAL INSURANCE

Insurance Company	HMO/POS/MSA	Monthly Contributions	Pre Tax

GROUP LIFE INSURANCE

Insured	Death Benefit	Monthly Contribution	Voluntary

GROUP DISABILITY INSURANCE

Insured	Monthly Benefit	Monthly Contribution	Voluntary

EXECUTIVE BENEFITS

RETIREMENT INCOME

Yours

Survivor

Spouse

Pension

Pension

Social Security
(Copies of Estimates)

Social Security
(Copies of Estimates)

Military

Deferred Comp

PERSONAL RETIREMENT OBJECTIVES

Desired Income

Home or Homes

Activities

Volunteer

Charities

Family

2nd Career

QUESTIONS & OBSERVATIONS

How would you define financial security?

Who taught you about money growing up?

What financial events had the biggest impact on your life?

What is the largest obstacle in achieving your financial goals?

If you stopped working, what would you do?

How do you feel about leaving your money to your family and/or charity?

NOTES