



CONFIDENTIAL FINANCIAL QUESTIONNAIRE

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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:

- IRAs
- 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 |
|--------------------------------------|--------------|----------|--------|-------|
|--------------------------------------|--------------|----------|--------|-------|

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 |
|-------------------|---------|---------------|------------|----------------|
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DISABILITY INSURANCE (Annual statements or actual policies needed)

| Insurance Company | Insured | Monthly Benefit | Waiting/ Benefit Period | Annual Premium |
|-------------------|---------|-----------------|----------------------------|----------------|
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LONG-TERM CARE INSURANCE (Annual statements or actual policies needed)

| Insurance Company | Insured | Daily Benefit | Waiting/ Benefit Period | Annual Premium |
|-------------------|---------|---------------|----------------------------|----------------|
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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