

Business Data Taker

Company data

Name of business _____

Address _____

Phone _____

Email _____

Nature of business _____

Type of business:

Sole proprietorship

Personal Service Corp.

Partnership

Limited Liability Co.

S Corporation

Other _____

C Corporation

Calendar or fiscal year basis _____ Year ends _____

Business owners

Name(s)	Date of birth (mm/dd/yyyy)	Ownership interest	Tax bracket	Health
1.		%	%	
2.		%	%	
3.		%	%	
4.		%	%	
5.		%	%	

Corporations

Total number of shares outstanding _____

Corporate tax bracket _____ %

State of incorporation _____

Date of incorporation _____

Yes No Are all owners active in the business?

What is the net worth (book value) of the business? \$ _____

At what price would you sell your interest today? \$ _____

- Yes No Would you consider your business a good investment for your family if you were not active in it?
- Yes No Do you have a child or other relative now active in the business or one who intends to be active?
- Yes No Do your associates have children or other relatives now active in the business or any who intend to be active?
- Yes No Does the business have any outstanding debts?
- Yes No Have you assumed personal liability for any business obligation (note or lease)?
- If yes, type of obligation _____ Amount \$ _____

Average annual earnings of business \$ _____

Last three years \$ _____ Last five years \$ _____

Business attorney _____

Address _____

Phone _____

Email _____

Business accountant _____

Address _____

Phone _____

Email _____

Buy-sell planning

- Yes* No Is there a buy-sell agreement?
- If yes, is it a cross-purchase plan, or is the company purchasing the business interest?
- Cross-purchase Entity agreement
- Does it provide for the procedure to be followed in the event of an associate's life change? (check all that apply)
- Death Disability Withdrawal Retirement
- Yes No Does it compel the purchase and sale of an associate's interest in the event of death?
- If yes, who will be the purchaser? _____
- How is purchase price determined? Book value Fixed price Formula
- What is the agreed price today? \$ _____
- When was the price last reviewed? _____
- Yes No Is the agreement funded? If yes, with Life insurance Disability income insurance
- Yes No Is the funding current?

Policy Information** _____

*Get copy for analysis.

**Get policy for analysis.

No existing buy-sell agreement

- Yes No Do you intend to liquidate the business at your death or disability?
 Yes No Do you intend to transfer your business interest by will?
 If yes, to whom? _____
- Yes No Do you intend for your business to be sold at your death or disability?
 If yes, to whom? _____
 Relationship: _____
- Yes No Is there any disagreement as to what will happen to the business at your death or disability?
 If yes, please explain: _____

Key person/executive benefits

Yes No In addition to yourself, do you have any key people in your business? If yes, please provide:

	Name(s)	Date of birth (mm/dd/yyyy)	Salary	Health
1.				
2.				
3.				
4.				

- Yes No Does the business own life insurance on any of these people? If yes, please provide:
- Amount \$ _____ Insured _____
- Amount \$ _____ Insured _____
- Amount \$ _____ Insured _____
- Comments: _____

Split-dollar

- Yes No Do you provide split-dollar insurance for anyone in your business? If yes:
- Amount \$ _____ Insured _____
- Amount \$ _____ Insured _____
- Amount \$ _____ Insured _____
- Yes No Would you be interested in providing any of your key employees with a death benefit in a plan whereby the business would eventually be reimbursed for its costs in the plan? If yes, please name:
1. _____
2. _____
3. _____

Supplemental Executive Retirement Plan (SERP)

Yes No Are there any key employees whom you would like to tie to the company by providing them with retirement income and/or death benefits that they would lose if they left your company?

If yes, please name:

1. _____

2. _____

3. _____

Executive bonus

Yes No If I could show you a way to provide life insurance for yourself or any key people, and how your business could deduct the premium, would you be interested?

Comments: _____

Qualified sick pay plan

Yes No Does the company have a long-term disability plan? If yes:

How long are benefits paid? _____

Percentage of compensation _____ %

Maximum monthly \$ _____

Yes No Does the company have individual disability policies for key personnel? If yes, provide:

Monthly income \$ _____

Qualified retirement plans

Yes No Is there a qualified retirement plan? If yes, what type?

Defined benefit Money purchase Profit-sharing SIMPLE IRA

401(k) SEP Other: _____

Yes No Are you maximizing your contributions to the qualified plan?

Yes No If not, are you interested in increasing your contributions to the maximum amount allowed?

With whom are your pension funds invested? _____

Yes No Are you satisfied with the performance of your qualified plan?

Yes No Are you satisfied with the service you are receiving for your plan?

Yes No Are you satisfied with your current plan's investment choices?

Yes No If you don't have a qualified plan, would you be interested in seeing a proposal?

