

Business Owner Questionnaire

Client Name _____

Name of Business _____ Type _____

Personal information

Name / title _____ DOB _____

Telephone _____ Email _____

Address _____

Family members currently involved in business operations

Name & title _____ DOB _____

Name & title _____ DOB _____

Name & title _____ DOB _____

Who are the key personnel who influence the performance of your company?

Name & title _____ DOB _____

Name & title _____ DOB _____

Name & title _____ DOB _____

How old is this business? _____

Employee turnover: High Low

How long have you been running your business? _____

Do you conduct business in other states? _____

Business Structure

- Sole proprietor LLC taxed as partnership C Corp.
 Partnership LLC taxed as a corp. S Corp.
 Non-profit org. LLC taxed as self-employed Prof.Corp./Assoc.
 Other _____

Tax Bracket _____

Gross sales / annual billings _____

Number of employees _____

Have you recently changed your business entity structure? _____

If yes, please explain _____

Accounting method: Cash Accrual

Affiliated companies

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Existing programs Please check all that apply

- Buy-Sell Agreement Key Employee Ins. Qualified Retirement Plan
 Deferred Compensation Benefits Package (health & disability insurance)
 Executive Bonus Plan Other _____

Areas of interest or concern

Please indicate your top four areas of priority:

- I am concerned about how the loss of a key employee would affect my business.
- I would like information on how to save for retirement in a more tax-efficient manner.
- I would like to review my business' current pension plan.
- I would like to establish a qualified retirement plan.
- I would like to know more about programs that help attract and retain key employees.
- I am concerned about having enough retirement income for myself.
- I am concerned that my family won't receive my share of the business value in the event of my disability or death.
- I am concerned about the continuation of the business at my retirement or in the event of disability or premature death.
- I would like to review my business continuation plan.
- I plan on leaving my business interest to family members involved in the business, but I also have family members who are not involved in the business, and I would like to discuss options for equalizing their inheritance.
- I would like to know more about programs that allow me to provide retirement benefits for selected key employees

Policy Review: Prospective or Existing Life Insurance Policy

Check the appropriate box if funding of your current Buy-Sell, Key Person or Individual Life Insurance Plan include the following:

YES-NO

- Offer accelerated death benefit options for terminal illness?
- Offer accelerated death benefit options for critical illness?
- Offer accelerated death benefit options for chronic illness?
- Increase in value as your business value or personal value increases?
- Pay an income tax free lump sum at the death of an owner?
- Offer to continue paying premiums automatically during a disability?
- Offer a stream of income that may supplement retirement income of an owner?
- Offer a stream of income to buy out an owner?
- Offer access to cash value to pay off or pay down a business loan?

If any of these questions were answered "NO", whether you are considering purchasing a Life Insurance policy or you have an existing Life Insurance policy, ask the agent to review your existing policy and/or give you more information on a Life Insurance Policy that can give you options that you just answered NO to.

PLANNING TASK LIST - *Items for the Planner to accomplish*

1. _____

_____ Due Date _____

2. _____

_____ Due Date _____

3. _____

_____ Due Date _____

4. _____

_____ Due Date _____

5. _____

_____ Due Date _____

6. _____

_____ Due Date _____

PLANNING TASK LIST - Items for the client to accomplish

In order for the planning process to proceed successfully and smoothly, the following items need to be accomplished by the indicated dates.

1. _____

_____ Due Date _____
2. _____

_____ Due Date _____
3. _____

_____ Due Date _____
4. _____

_____ Due Date _____
5. _____

_____ Due Date _____
6. _____

_____ Due Date _____