Planning

Business-estate fact-finding questionnaire

Confidential for: _____

Date: _____

Investments. Insurance. Advice.

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Part 1: Family and business information

Family information

Client name: _____ Partner name: _____

Date of birth: _____ Date of birth: _____

Email: _____ Email: _____

Phone number: _____ Phone number: _____

Do you have an estate plan in place or have you started an estate-planning process? ◯ Yes ◯ No

What are your objectives are in estate-planning?

What, if any, obstacles and issues might you have to deal with?

What are the main questions you would like answered?

In your opinion, would it be helpful to have our Senior Consultant Individual Life attend our next meeting?

◯ Yes ◯ No

Business information

Registered name of business: _____

Nature of business: _____

Position: _____

Years in business: _____ Total number of employees: _____

Address: _____

Business phone: _____ Business email: _____

Business Will

Is there a business will? ◯ Yes ◯ No When was it last reviewed and updated? _____

Company Structure:

Holding Company: _____ Operating Company: _____

Retained Earnings/Investments:

Value of Retained Earnings: _____

Structure	Annual gross business income	Annual net business income	Non-business income
◯ Corporation	◯ Over $1,000,000	◯ Over $1,000,000	◯ Over $100,000
◯ Partnership	◯ $500,000 to $1,000,000	◯ $500,000 to $1,000,000	◯ $50,000 to $100,000
◯ Sole partnership	◯ $250,000 to $500,000	◯ $250,000 to $500,000	◯ Under $50,000
◯ Joint venture	◯ Under $250,000	◯ Under $250,000	

Ownership

List the ownership percentage and income/draw for each partner associated with the business:

Name:	Percentage of ownership:	Income/draw:	Salary	Dividends	Both
_____	_____	_____	◯	◯	◯
_____	_____	_____	◯	◯	◯
_____	_____	_____	◯	◯	◯
_____	_____	_____	◯	◯	◯

Business Assets:

◯ Cash _____ ◯ Building _____

◯ Investments _____ ◯ Vehicles _____

◯ Equipment _____ ◯ Other Real Estate Holding _____

Liabilities (or current outstanding balances)

◯ Notes payable _____

◯ Mortgages _____

◯ Operating loans _____

◯ Machinery/equipment loans _____

◯ Joint venture _____

Are the above liabilities life insured? ◯ Yes ◯ No ◯ Unsure

For which liabilities have you given personal guarantees?

Your income is taken as: ◯ Salary ◯ Dividends ◯ Salary and dividends

◯ Other (explain) _____

Would your death or disability seriously affect any of the following?

◉ Profits ◯ Financial strength ◯ Stability

In your opinion, which of the following would lose confidence in your business upon your death?

◯ Creditors ◯ Customers ◯ Employees ◯ Suppliers

Other than yourself, are there any key employees? ◯ Yes ◯ No

Name of key employee: _____ Name of key employee: _____

Could a key employee's death or disability seriously affect any of the following?

◯ Profits ◯ Financial strength ◯ Stability

Upon your death/retirement, your business will be:

◯ Passed on to your family ◯ Liquidated ◯ Sold ◯ Unsure

Do you have a buy-sell agreement? ◯ Yes ◯ No

Has the agreement been reviewed within the past two years? ◯ Yes ◯ No

Part 2: Insurance planning

What personal insurance do you have?	Self	Amount	Partner	Amount	Partner	Amount
Term	◯	_____	◯	_____	◯	_____
Permanent/cash value	◯	_____	◯	_____	◯	_____
Group	◯	_____	◯	_____	◯	_____
Disability	◯	_____	◯	_____	◯	_____
Critical illness	◯	_____	◯	_____	◯	_____
Unsure	◯	_____	◯	_____	◯	_____

What employee benefits do you have?	**Yes**	**No**	**Currently held by**
Group life	◯	◯	_____
Short-term disability	◯	◯	_____
Long-term disability	◯	◯	_____
Dental	◯	◯	_____
Medical	◯	◯	_____
Group pension/RRSP	◯	◯	_____
Unsure	◯	◯	_____

When was your life insurance last reviewed?	**Business**	**Personal**
Never	◯	◯
More than three years ago	◯	◯
One to three years ago	◯	◯
Less than one year ago	◯	◯

Insurability status	**Self**	**Partner**	**Partner**
Problems getting coverage?	◯	◯	◯
Been declined?	◯	◯	◯
In good health/insurable?	◯	◯	◯

Additional info	**Yes**	**No**
Do you have any medical conditions?	◯	◯
Are you taking any medications?	◯	◯
If so, please list them	_____	
Are you a smoker?	◯	◯

The analysis of your business-estate needs relies on complete and accurate information. Therefore, a review of actual documents is necessary.

Please provide financial statements for the past three years ☐ Received

Please provide a copy of the buy-sell agreement, if available ☐ Received

In lieu of documents, please provide the following financial information:

Net business income _____

Total business assets _____

Total business liabilities _____

Equity (book value) _____

Annual gross sales _____

Note: A valid business-valuation method will be required for buy-sell agreements. Use the Buy-Sell Concept in Versatility or ask your Senior Consultant Individual Life for details.

If necessary, can we contact your other professional advisors for estate-planning purposes? ◯ Yes ◯ No

If yes, I hereby authorize my agent and/or any representatives to contact the advisors named below. I understand that for the duration of my policies, this form will be kept in my file. In the event that I choose not to purchase a policy, this information will be kept for two years, unless I request that it be destroyed.

Accountant: _____ Telephone: _____

Lawyer: _____ Telephone: _____

Financial advisor: _____ Telephone: _____

Client signature: _____ Date: _____

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