



Confidential Form for Business Owners

Planning Priorities

Business

Personal

Copies of Items Needed

Date needed by _____

Business Buy-Sell/Operating Agreement _____

Business Owned Insurance Policies- Life, Disability, Overhead Expense, etc. _____

Business Valuation Paperwork _____

Statements for all business investment accounts _____

Personal wills, medical/healthcare directives, POA _____ Trust _____

List of Properties(Personal, Business, Partnerships) – who owned by, use/acreage, value _____

Personal Financial Statement _____

Personally Owned Insurance Policies – Life, LTC, Disability, Supplemental, etc. _____

Statements for all personal bank/ financial/retirement/investment accounts _____

Monthly Cash Flow Analysis for Retirement Income Plan _____

Previous Marriage Documents (divorce decree, alimony/child support, etc.) _____

Prenuptial Agreement _____ Signatures needed _____

Name of contact person for business documents/information needed _____

Email _____ Phone _____

By providing the information and signing here, we understand that this and all other information provided to Joe Myers will be held in strict confidence. We give full permission to Joe Myers and his affiliates for all planning purposes - business and personal-estate, legal, financial, insurance, tax, succession, valuation and legacy planning. Throughout this process, we agree to provide to you, within 10 business days from date requested, all documents and items requested and to respond to any actions needed on our part within 10 business days. We understand that failure to do so will hinder and delay this process and if we fail to provide or respond within 30 calendar days our file will be closed for this planning process.

Date _____ Signature _____

Date _____ Signature _____

Contact Information - Official Name of Business _____

Owner(s) – name/percentage _____

Physical address _____

Mailing address _____

Office phone number _____

Cell phone _____

Email _____

Company Details – Operating Name of Business _____

Type of business activity _____

Type of entity _____

When and How acquired (started/bought/gift) _____

Started by who _____

When started _____

When incorporated _____

Is family involved in business/details _____

Number of family generations involved since beginning _____

Total number of employees (fulltime/part time) _____

Gross Annual Payroll _____

Last year revenue _____

YTD trend – up/down/same _____

Estimated value _____

Includes buildings, properties, equipment? _____

If selling today, what would it take to buy? _____

Owner's salary/bonus _____

Interested in Marshall and Stevens Valuation? _____

(3 years P&L, B/S, Sign docs.)

Are there other entities _____

Other Business Locations_____

Business Future

Buy-Sell/Operating Agreement currently in place? _____ Is it funded? _____

When would owner like to retire – age/year? _____

Thoughts about future ownership of business-who to/how transfer (gift/sell) ? _____

Is anyone within the company currently being trained for future ownership? _____

How would they purchase? _____

How would business be effected by current owners exit due to death, disability or retirement? _____

How replace? _____

Does owner need money for retirement income from sell of business? _____

If sell, over time buy out or lump sum? _____

How would an ownership transition effect the company – employees, banking relationships, customer relations, supplier relations, etc. _____

Where do you see this business in 3 years? _____

Opportunities/Obstacles? _____

Key Employees – Not easily replaceable - loss due to death or resignation would adversely affect business – production, sales, revenue, employee relations, customer relations, succession plan, marketability/value.

Name _____

Position/Title _____

How long employed _____

Salary _____

Age _____

Family _____

Name _____

Position/Title _____

How long employed _____

Salary _____

Age _____

Family _____

Name _____

Position/Title _____

How long employed _____

Salary _____

Age _____

Family _____

Name _____

Position/Title _____

How long employed _____

Salary _____

Age _____

Family _____

Any key employee possible future owner? _____

Currently any key employee life insurance in place? _____

What key employee retention/compensation plans are currently in place? _____

Interested in implementing key employee retention/compensation plans? _____

Business Owned Real Estate – Include all

How are the buildings owned that the business operates in? _____

Value of buildings and property _____

Other real estate holdings owned by business – type, use, acreage, approximate value

All Non-Real Estate Assets - Approximate balance/value

Checking accounts _____ Savings Accounts _____
CD's _____ Stocks _____
Bonds _____ Other _____
Loans payable to you _____
Value of vehicles/equipment/inventory _____
How are vehicles and equipment owned? _____

Business Debt

Creditor _____
Amount _____
Purpose _____
Time remaining _____
Payment Amount _____
Payment Frequency _____
Interest Rate _____

Creditor _____
Amount _____
Purpose _____
Time remaining _____
Payment Amount _____
Payment Frequency _____
Interest Rate _____

Creditor _____
Amount _____
Purpose _____
Time remaining _____
Payment Amount _____
Payment Frequency _____
Interest Rate _____

Creditor _____
Amount _____
Purpose _____
Time remaining _____
Payment Amount _____
Payment Frequency _____
Interest Rate _____

Company Owned Life Insurance – Provide Copy of Each

Person Insured _____
Company _____
Death Benefit _____
Type of Policy _____
When taken out _____

Person Insured _____
Company _____
Death Benefit _____
Type of Policy _____
When taken out _____

Person Insured _____
Company _____
Death Benefit _____
Type of Policy _____
When taken out _____

Person Insured _____
Company _____
Death Benefit _____
Type of Policy _____
When taken out _____

Employee Benefits

What are you currently doing to attract good employees? _____

How are employees being incentivized to stay? _____

401k/SEP _____ Employer/Employee Contribution % _____

Executive/Key Employee Compensation/Insurance Plans _____

Profit Sharing _____ Stock Options _____ Bonus _____

Insurances: Health _____ Life _____ Disability _____ Dental _____ Vision _____ Hearing _____

Supplemental Insurance Coverages: Cancer _____ Accident _____ Cardiac _____

If offered, need copies of all plans/details _____ Interested in comparative analysis? _____

If do not offer, why not? _____

Interested in doing so? _____ Which benefits? _____

Need employee census – name, DOB, when hired, annual income _____

Notes: _____

Business Advisors

Attorney _____

CPA _____

In House Accountant _____

Financial Advisor _____

Insurance Agent _____

Notes – Details of Other Entities, Owner Perks and Personal Items Provided by Business, Unusual recent expenses/purchases/acquisitions that would affect value

Major Concerns/Things Wish to Accomplish – Business/Personal/Family

Personal and Family Info

Business Owner Name _____ DOB _____

Spouse Name _____ DOB _____

Home Address _____

Mailing Address _____

Cell Phone _____ Email _____

Is spouse involved in business _____

Either previously married _____

All Children – name, son/daughter, age, married, spouse name, children – names/ages, in the business, interested in ownership? _____

Notes/Family Dynamics/Unusual or Special Situations _____

Personal Legal Documents

Have up to date wills for both spouses _____ Signed _____

Medical/Healthcare Directives _____ Powers of Attorney _____ Living Wills _____

Trust in place _____ Type of trust _____

Mortgages

Primary Mortgage

Lien Holder _____

Balance _____

Monthly Payment _____

Taxes and Insurance _____

Interest rate _____

Time left _____

Other Mortgage

Lien Holder _____

Balance _____

Monthly Payment _____

Taxes and Insurance _____

Interest Rate _____

Time left _____

All Other Debts

Type _____
Creditor _____
Balance _____
Monthly Payment _____
Interest rate _____
Time left _____

Type _____
Creditor _____
Balance _____
Monthly Payment _____
Interest Rate _____
Time left _____

Type _____
Creditor _____
Balance _____
Monthly Payment _____
Interest rate _____
Time left _____

Type _____
Creditor _____
Balance _____
Monthly Payment _____
Interest Rate _____
Time left _____

Currently use a written budget for monthly/annual living expenses? _____

Notes: _____

All Assets

Homes and Property – type, use, acreage, approximate value

Financial Accounts – owner & approximate balance for each - Checking, Savings, CD's, IRA, 401k, 403b, 457, Stocks, Bonds, Annuities, Cash value life insurance, Loans payable to you, etc.

Other Investments, Collections or Items of Significant Value – Give details:

Estimated Personal Net Worth _____

Personal Net Worth with Estimated Business Value _____

Insurances

Life Insurance – Insured, Owner, Beneficiary, Death Benefit, Type, When taken out

Disability Insurance Details _____

Long Term Care Insurance Details _____

Other _____

Details of Significant Future Family Events- College, Weddings, etc. - Are they funded?

Details of Expected Future Inheritances

Personal Advisors

Attorney _____

CPA _____

Financial Advisor/Broker _____

Insurance Agents _____

Other _____

Annual Income Amount Needed for Desired Lifestyle? _____

What percentage of your retirement income will be taxable? _____ Tax-Free? _____

Concerns for Retirement: Adequate Income _____ Income Taxes _____

Possible Long Term Care Needs _____ Health Care Cost _____

Estate equalization _____

Family Legacy Plans _____ Grandchildren _____

Charitable Donations _____

Notes: _____

QUESTIONS TO THINK ABOUT

1. Generally, how do you want your assets distributed at your death? _____

2. Do you propose to leave any assets directly to your children (as opposed to your spouse) at your death?
Yes___ No___ If yes, describe what type of property _____

3. Would you want assets that are left to your children to be held in trust? Yes___ No___.
If yes, when would you want assets to be distributed to the child from the trust:

a) All at one age, such as 25, 30 or 35? _____
b) In stages, such as ½ at age 25 and the remainder at age 30? _____
4. Do Husband or Wife have:

a) Any family members with special physical, medical or educational needs? If yes, please indicate name(s), relationship(s) and age(s): _____

b) Any dependent relatives outside your immediate family? (If so, please indicate name(s), relationship(s) and age(s): _____

5. Are any gifts to be made to charities or individuals other than spouse and children?
Yes___ No___ If yes, describe: _____

6. If you, your spouse and your descendants died in a common disaster, to whom or what organization or institution would you leave your property?
Husband's Will? _____
Wife's Will? _____

7. Is any person to be specifically disinherited? Yes _____ No _____.
If so, whom and relation, if any?.
8. Have Husband or Wife made any substantial (over \$3,000 prior to 1982; over \$10,000 after 1981; over \$11,000 after 2002; over \$12,000 after 2005; and over \$13,000 after 2009) gifts in the past? Yes _____ No _____.
If yes, please have information for further discussion.
9. Do any of your children have any significant outstanding debts due to you? Yes _____ No _____;
If yes, describe: _____

10. Are any of your children already well situated financially such that it might be advantageous to have their share of any inheritance left in a so-called Generation-Skipping Trust for their benefit? Yes _____ No _____.
11. Has any life insurance on your or your spouse's life been placed in a trust?
Yes _____ No _____. If yes, describe: _____

12. Please indicate whether you have lived in a community property state (i.e., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin) with your spouse. Yes _____ No _____. If yes, please indicate which state _____.
13. Do you own any interest in a corporation, partnership or other entity that is subject an option or buy-sell agreement? Yes ___ No ___. If yes, describe: _____
_____ Attach a copy of such agreement(s).
14. Is a farm or farm property involved? Yes _____ No _____.
15. You should be considering who you would like to name as personal representative (executor) of your will, as trustee of any trusts created under your will, as well as guardian and custodian of any minor children.

Husband's Will:

Proposed Personal Representatives of Will:

First: _____

First Alternate: _____

Second Alternate: _____

Do you wish your personal representative(s) to be compensated for their services rendered, if family member, Yes___ No___; if other non-related person, Yes___ No___.

Proposed Trustees:

First: _____

First Alternate: _____

Second Alternate: _____

Do you wish your trustee(s) to be compensated for their services rendered, if family member, Yes___ No___; if other non-related person, Yes___ No___.

If an individual trustee is named, do you want that individual to have the right to name additional co-trustees? Yes___ No___; to name successor trustees? Yes___ No___.

If a corporate trustee is named with an individual trustee, do you want the individual trustee to have the authority to replace the corporate trustee? Yes___ No___.

If a corporate trustee is named, do you want the trust beneficiaries to have authority to change the corporate trustee? Yes___ No___.

Proposed Guardian and Custodian of any Minor Children:

First: _____

First Alternate: _____

Second Alternate: _____

Wife's Will:

Proposed Personal Representatives of Will:

First: _____

First Alternate: _____

Second Alternate: _____

Do you wish your personal representative(s) to be compensated for their services rendered, if family member, Yes___ No___; if other non-related person, Yes___ No___.

Proposed Trustees:

First: _____

First Alternate: _____

Second Alternate: _____

Do you wish your trustee(s) to be compensated for their services rendered, if family member, Yes___ No___; if other non-related person, Yes___ No___.

If an individual trustee is named, do you want that individual to have the right to name additional co-trustees? Yes___ No___; to name successor trustees? Yes___ No___.

If a corporate trustee is named with an individual trustee, do you want the individual trustee to have the authority to replace the corporate trustee? Yes___ No___.

If a corporate trustee is named, do you want the trust beneficiaries to have authority to change the corporate trustee? Yes___ No___.

Proposed Guardian and Custodian of any Minor Children:

First: _____

First Alternate: _____

Second Alternate: _____

16. Is a Durable Power of Attorney needed for Husband and Wife? Yes____ No____.
Please list whom you would authorize as your attorney-in-fact.

Husband:

First: _____

First Alternate: _____

Second Alternate: _____

Wife:

First: _____

First Alternate: _____

Second Alternate: _____

17. Is a Living Will Declaration and Health Care Power of Attorney needed for Husband and/or Wife? Yes____ No____.
If yes, please list whom you would authorize as your health care proxy:

Husband:

First: _____

Address: _____

Phone: _____

First Alternate: _____

Address: _____

Phone: _____

Second Alternate: _____

Address: _____

Phone: _____

Wife:

First: _____

Address: _____

Phone: _____

First Alternate: _____

Address: _____

Phone: _____

Second Alternate: _____

Address: _____

Phone: _____

18. Are any of the following additional services to be considered?

- | | |
|-------|--|
| _____ | Gift planning/Gift tax returns |
| _____ | Transferring deeds |
| _____ | Retirement account beneficiary designations |
| _____ | Revocable management trust |
| _____ | Irrevocable life insurance trusts |
| _____ | Irrevocable trust for children/grandchildren |
| _____ | Buy/Sell Agreement |
| _____ | Deferred compensation agreement |
| _____ | Pre-nuptial agreement |
| _____ | Other (please describe): _____ |

Monthly Cash Flow Details – Household Annualized

Date _____

Total Gross Household Annual Income _____

Home Expenses

Required Mortgage/Rent _____
HOA Dues _____
Electricity/Gas _____
Water/Sewer/Garbage _____
Home Phone _____
Cell Phones _____
Cable/Satellite _____
Internet _____
Security System _____
Home Insurance _____
House Cleaning _____
Pest Control _____
Home Maintenance/Contracts _____
Yard Maintenance/Contracts _____
Pool Maintenance _____
Other Mortgage _____
Misc. _____

Health/Medical Expenses

Health Insurance _____
Dental Insurance _____
Vision Insurance _____
Hearing Insurance _____
Supplemental Coverages _____
Medicare Premiums _____
Medicare Supplemental Coverage _____
Co-Pays _____
Deductibles _____
Pharmaceuticals _____

Taxes

Income Taxes(S&F) _____
Social Security _____
Payroll Taxes _____
Property Taxes _____
Other Taxes _____

Future Planning

Pre-Tax Investing _____
After Tax Investing _____
After Tax Savings _____
Life Ins. _____
Other _____

Family Expenses

Tuition/School Exps. _____
Household Items _____
Groceries _____
Clothes _____
Eat out _____
Entertainment _____
Child Care _____
Grandchildren _____
Camps _____
Membership Dues(gym, clubs) _____
Bdays/Annivs. _____
Holidays/ Christmas _____
Special Occasions _____
Travel/Vacation _____
Dry Cleaners _____
Hair/Nails/Spa _____
Hobbies _____
Gardening _____
Pet/Animal Care _____
Credit Card(not itemized) _____
Tithe/Offerings _____
Donations/Contributions (groups, charities, ministries, organizations) _____
Student Loans/Other Pmts. _____
Misc. _____

Vehicle/Auto Expenses

Payment _____
Payment _____
Gas/Diesel _____
Auto Insurance _____
Oil Change/Service _____
Maintenance _____
Wash/Detail _____
Tires _____
Misc. _____

Extra to mortgage, car, credit card, etc. _____

Misc./Other _____

Total Monthly Gross Income _____ Total Monthly Expenses _____

Monthly Difference _____