

**Personal  
and Confidential**

**Strategic Risk  
Management Process**



**GENERAL INFORMATION**

Name	
Address	
Date of Birth DD/MM/YYYY	Phone
Spouse's Name	Date of Birth DD/MM/YYYY
Child's Name	Date of Birth DD/MM/YYYY
Child's Name	Date of Birth DD/MM/YYYY
Child's Name	Date of Birth DD/MM/YYYY

**EMPLOYMENT**

My Occupation				Spouse's Occupation			
Owner/Partner	Employee	Manager	Other	Owner/Partner	Employee	Manager	Other
Ownership Percentage	(if applicable)	%		Ownership Percentage	(if applicable)	%	
Business Name				Business Name			
Address				Address			
Phone				Phone			
Fax				Fax			
e-mail				e-mail			

**FINANCIAL INFORMATION**

Annual Income	Mine	Spouse's (If Applicable)
Under \$50,000	<input type="checkbox"/>	<input type="checkbox"/>
\$50,000 - \$100,000	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000 - \$250,000	<input type="checkbox"/>	<input type="checkbox"/>
Over \$250,000	<input type="checkbox"/>	<input type="checkbox"/>

## MY OPINIONS

Please check the one most appropriate to you:

Very important - VI    Important - I    Not Important - NI

	VI	I	NI
1. Wills and Will planning is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appointing Power of Attorney is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Insuring our key people is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I consider a good life insurance program to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. On my death, my family's ability to maintain their standard of living is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the event of my death, paying off debt is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Rewarding key people is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Eventually passing my business to my child(ren) is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If I cannot work due to sickness or disability, assuring an income is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Retirement planning is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tax deferred investing is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Buying out a shareholder on death is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Estate planning to save tax is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## IN THE NEAR FUTURE

I plan to or expect to:

<input type="checkbox"/> Marry	<input type="checkbox"/> Buy-out a partner	<input type="checkbox"/> Receive inheritance
<input type="checkbox"/> Divorce	<input type="checkbox"/> Bring family into business	<input type="checkbox"/> Borrow money
<input type="checkbox"/> Retire	<input type="checkbox"/> Reorganize corporately	<input type="checkbox"/> Buy insurance
<input type="checkbox"/> Start a business	<input type="checkbox"/> Change firms	<input type="checkbox"/> Pay off a loan
<input type="checkbox"/> Expand a business	<input type="checkbox"/> Purchase property	<input type="checkbox"/> Write a will
<input type="checkbox"/> Sell a business	<input type="checkbox"/> Sell property	<input type="checkbox"/> Other (specify)

## BUSINESS

<i>Please check the one most appropriate to you:</i>	Yes	No	Not Sure
1. I have outlined my financial plans on paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know when I want to retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know what capital I need to enjoy my retirement years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I know how tax deferred savings can be used to my advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My life insurance program is consistent with my retirement plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I carry personal disability or accident/sickness insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Our business has a written business succession plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My life insurance is consistent with our business succession plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have developed a tax effective estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have a current, valid Will that is consistent with my estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I understand the full impact of how taxes will be applied to my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My life insurance is consistent with my total estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I understand how trusts are used in estate planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



