



**FINANCIAL AND ESTATE PLAN
DISCOVERY PROCESS**

Getting to Know You

Prepared by:

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If we were meeting here three years from today, what would have had to have happened both personally and professionally for you to feel satisfied with your progress?

Personal Documents Needed for Analysis

The following is a list of items that will allow us to complete your estate plan. Please gather the following personal financial and/or business records and documentation and provide them to us as soon as possible.

1. Tax Returns (last 3 years)
 - a. Individual Income Tax Returns
 - b. Previous Gift Tax Returns
 - c. Business Tax Returns
2. Personal Financial Statement, if currently available (If not, we will provide one as part of the planning process)
3. Social Security Benefit Statement
4. Most Recent Investment Statement(s)
5. Most Recent Bank Account(s) Statement(s)
6. Retirement Account(s) Statement(s)
 - a. Traditional IRAs, IRA rollovers, Roth IRAs, SEP/IRAs and SIMPLE IRAs
 - b. Qualified plans such as 401(k) plans, Profit Sharing plans, Thrift Plans, 403(b) Plans, 457 plans, Keogh plans, etc.
 - c. Other retirement plans such as non-qualified deferred compensation plans, non-qualified pension plans or savings plans
7. Life Insurance Policies
 - a. Also provide most recent policy statements if available
8. Disability & Health Insurance
 - a. Group Medical Benefit Booklet or other descriptive information
 - b. Individual & Group Disability Policies
9. Property & Casualty Insurance
 - a. Auto, Home & Umbrella Policies
10. Legal Documents
 - a. Wills & Trusts
 - b. Powers of Attorney
 - c. Living Wills
 - d. Charitable Trusts
11. Business (if applicable)
 - a. Buy-Sell Agreement
 - b. Partnership Agreement
 - c. Employment Agreement
 - d. Deferred Compensation Agreement
 - e. List of Shareholders and % owned by each
 - f. Employee Stock Option Benefit Statements
 - g. Business Financial Statements (internal or, preferably, as prepared by your CPA)
12. Mortgage & Home Equity Loans
 - a. Description of terms
 - b. Most recent statements
13. Other Debt Statements & Agreements (Credit Card, Auto Loan, Lease Agreements)
14. Cash & Cash Equivalents Statements
 - a. Schedule or Copies of Securities, Bonds, Certificates of Deposit
15. Business Debt
16. Pre-Marital Agreement
17. Divorce Decree
18. Real Estate
 - a. Copy of Deeds, Contracts &/or Leases
19. Personal Property
 - a. Appraisals of personal property, jewelry, collections, antiques
20. Assets Held for Others
 - a. Custodial or Other Trusts for Children
 - b. Section 529 Plans
 - c. Assets held in Irrevocable Trusts (including life insurance policies)
21. Family Foundation or Charitable Support Organization Documents
22. Memoirs
23. Personal Mission Statement
24. Any other documents or photos you would like to have stored in your Vault

Section One – Personal Information

CLIENT INFORMATION

Client Name: _____ Gender: Male Female
Maiden Name (if applicable) _____ Social Security Number: _____
Date of Birth: ____/____/____ Place of Birth: _____
U.S. Citizen? Yes No
Marital Status (*single, married, separated, divorced, widower*): _____
Anniversary: ____/____/____ Premarital Agreement? Yes No
Previously Married? Yes No State? ____ Yr Terminated? ____ By Death By Divorce
Special Health Issues _____

Home Information

Street Address _____
City, State, Zip _____
State of Residency _____
Home Phone Number _____
Cell Phone Number _____
Fax Number _____
Email address _____

Other Residence Information

Street Address _____
City, State, Zip _____
Phone Number _____

Employment Information

Employment Status _____
(*Employed, Retired, Business Owner, Homemaker, Not currently employed*)
Type of Business _____
Occupation/Title _____
Date Started _____
Employer/Business Name _____
Street Address _____
City, State, Zip _____
Telephone Number _____

SPOUSE INFORMATION

Name: _____ Gender: Male Female
 Maiden Name (if applicable) _____ Social Security Number: _____
 Date of Birth: ____/____/____ Place of Birth: _____
 U.S. Citizen? Yes No
 Previously Married? Yes No State? _____ Yr Terminated? _____ By Death By Divorce
 Special Health Issues: _____

Employment Information

Employment Status _____
(Employed, Retired, Business Owner, Homemaker, Not currently employed)
 Type of Business _____
 Occupation/Title _____
 Date Started _____
 Employer/Business Name _____
 Street Address _____
 City, State, Zip _____
 Telephone Number _____

CHILDREN AND DEPENDENT INFORMATION

Children (please include information on their spouses as well)

First Name	Last Name	Date of Birth	Age	Gender	Special Needs Y/N	Marital Status	From Previous Marriage	Citizenship	Children Y/N

Grandchildren

First Name	Last Name	Date of Birth	Age	Gender	Special Needs Y/N	Marital Status	Citizenship	Children Y/N

PROFESSIONAL ADVISORS

Individual _____ Phone _____

Firm Name _____

Firm Address _____ City _____ State _____ Zip _____

Advisor Type _____ Length of Relationship _____

Individual _____ Phone _____

Firm Name _____

Firm Address _____ City _____ State _____ Zip _____

Advisor Type _____ Length of Relationship _____

Individual _____ Phone _____

Firm Name _____

Firm Address _____ City _____ State _____ Zip _____

Advisor Type _____ Length of Relationship _____

Individual _____ Phone _____

Firm Name _____

Firm Address _____ City _____ State _____ Zip _____

Advisor Type _____ Length of Relationship _____

Individual _____ Phone _____

Firm Name _____

Firm Address _____ City _____ State _____ Zip _____

Advisor Type _____ Length of Relationship _____

Section Two – Goals and Objectives

The following objectives are the ones most often mentioned by our clients. Check those that are important to you and rank in order of importance to you (1 = most important).

- Obtain current income tax reductions _____
- Provide adequate funds for scheduled college expenses..... _____
- Maintain current standard of living, if disabled _____
- Develop a systematic monthly investment program _____
- Diversify investments to provide a more balanced portfolio _____
- Manage cash flow in order to reduce unnecessary expenditures _____
- Select the most appropriate investment for retirement funds..... _____
- After-tax retirement income to maintain current standards _____
- Determine the most effective retirement plan options _____
- Provide adequate survivor income to maintain current standards..... _____
- Sufficient liquidity to cover estate settlement expenses _____
- Assure distribution of your estate according to your wishes _____
- Determine the best way of disposing of business interests _____
- Other: _____

What are your most important short-term goals (less than 12 months)? _____

What are your most important intermediate-term goals (1 to 5 years)? _____

What are your most important long-term goals (5 years or longer)? _____

What obstacles do you feel will prevent your accomplishment of any of the above goals? _____

Please list any other financial goals (examples include: business opportunities, recreational items, trust funds for children, or any other large amounts of cash needed some time in the future). _____

Are there any advisors that you rely upon or to whom you feel committed (for the past performance, family or social reasons)?

Y N Explain: _____

Are there any investments to which you are committed for any reason? Y N Please list and explain why: _____

Are there any investments to which you are opposed for any reason? Y N Please list and explain why: _____

Do you feel confident about your ability to invest large sums? Client Y N Spouse Y N

Have you, while married, lived in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA)? Y N

Explain when and where: _____

Do you or your spouse have an employment contract? Y N (Please provide a copy.)

How much would you like to invest this year from income? \$_____ From Capital? \$_____

Do you contemplate making special gifts of bequests to family members? Y N Explain: _____

If not working now, is spouse planning to work in the future such as at your death? Y N

If so, when and to what age? _____

Occupation _____ Income? \$_____

Will any training/retraining/education be necessary? Y N Estimated expenses? \$_____

Do you want to liquidate assets to meet your objectives, or are family assets to be conserved for your heirs?

Client _____ Spouse _____

Do you or your spouse consider any of your present assets to be the separate property of one or the other? Y N

Explain: _____

When and how should capital be distributed to your children? _____

Is there anyone whom you hold in high regard who is providing you with investment advice at this time? Y N

Who? _____

What is the best investment you have ever made? _____

What is the worst investment you have ever made? _____

What has been your investing pattern during periods of market volatility? _____

How do you measure your financial progress? _____

Are you satisfied with your progress? _____

In your opinion, are your investments adequately diversified? Y N

What is your diversification strategy? _____

On what information are your investment decisions based? _____

What amount of your total assets do you feel necessary to maintain liquid? \$ _____

Which of your present assets would you prefer NOT TO SELL? _____

Which of your present assets would you LIKE TO SELL? _____

Are you pleased with your present assets in terms of:

	<u>Client</u>		<u>Spouse</u>	
Safety	Y	N	Y	N
Income	Y	N	Y	N
Growth	Y	N	Y	N
Hedge Against Inflation	Y	N	Y	N

With regard to your present assets and future investments, which feature do you regard as most important?

	More Income	More Growth	Tax Savings	Preservation of Capital	More Diversification
Present	_____	_____	_____	_____	_____
Future	_____	_____	_____	_____	_____

Do you foresee any significant changes in your family or financial situation? _____

Do you or your spouse anticipate gifts or inheritances? Y N Please explain: _____

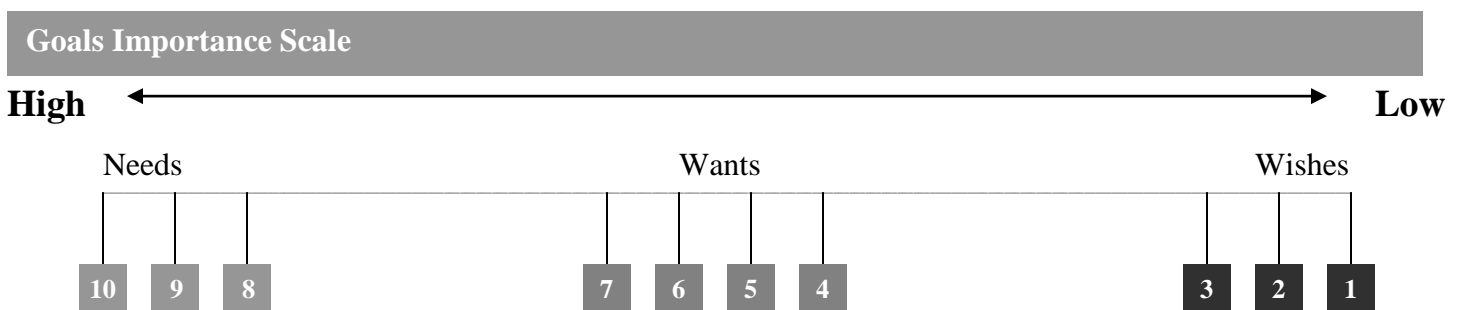
What would you like this planning engagement to accomplish for you? _____

FINANCIAL GOALS

The following pages are for listing your personal and professional goals. Think about each goal carefully. Is it a goal that is needed, wanted or wished for?

- Needs are those essential goals necessary to maintain a certain lifestyle
- Wants are those goals hoped to be fulfilled someday once essential goals are met
- Wishes are aspirational goals – a “wish” list

This exercise requires ranking each goal from 10-1, based on importance. Needs are most important, followed by Wants and Wishes.



When evaluating each financial goal, identify an Ideal Amount and an Acceptable Amount. The ideal amount is the desired amount. The acceptable amount is the minimum estimated amount needed to spend on this goal. These are after-tax amounts.

For the retirement living expense, there will be an Ideal Retirement Age and an Acceptable Retirement Age. The ideal age is the desired retirement age. The acceptable age is the latest age that you may be willing to retire.

The following pages are organized into three goal categories: retirement living expense goals, college goals and lifestyle goals. Lifestyle goals include goals such as travel, a major purchase or buying a home.

RETIREMENT LIVING EXPENSE GOALS

Retirement Age

	Client	Spouse
Ideal age		
Acceptable age		
Willingness to retire later (if necessary) to attain goals?	<input type="checkbox"/> Very willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Slightly willing	<input type="checkbox"/> Very willing <input type="checkbox"/> Somewhat willing <input type="checkbox"/> Slightly willing
Select on of the following scenarios	<input type="checkbox"/> Either can retire first <input type="checkbox"/> Both retire in the same year	<input type="checkbox"/> Only client can retire first <input type="checkbox"/> Only spouse can retire first

Retirement Periods Expense

Use the following amounts for the retirement periods	Ideal	Acceptable
One individual is retired and the other is still employed (“One Retired” Period) Consider whether a shortfall will exist between income and expenses in each of the two scenarios, taking into consideration there is only one paycheck. Enter this expense here, since this is the amount that needs to be funded. <div style="text-align: right; margin-right: 50px;"> - Client retired/spouse employed \$ \$ - Spouse retired/client employed \$ \$ </div>		
When full retirement begins whether single or married (“Both Retired” Period) Enter planned expenditures of basic expenses during retirement (extra expenses such as travel, major purchases, etc. should be entered as separate goals). <div style="text-align: right; margin-right: 50px;"> - Client and spouse retired \$ \$ </div>		
One is living and the other is deceased (“One Alone” Period) Enter the expenses of the surviving spouse in each of the two scenarios. <div style="text-align: right; margin-right: 50px;"> - Client alone \$ \$ - Spouse alone \$ \$ </div>		

Adjustments to Living Expense Amounts

Reduce your retirement living expense amount for expenditures that will end during retirement (e.g., a mortgage that will be paid off).

Description	Year Expense Will End	Amount (Current Dollars)	Amount for Inflation
		\$ _____ <input type="checkbox"/> Mth. <input type="checkbox"/> Yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth. <input type="checkbox"/> Yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Importance of this Goal High – Low
 10 – 1 _____

EDUCATION GOALS

These goals are the education funding expenses – college or other educational programs – for self, a child, grandchild or other family member.

Student 1	Estimated Annual Cost
Name: _____	Elementary \$ _____
Current Grade in School: _____	Secondary \$ _____
High – Low Importance: 10 – 1 _____	College \$ _____
	Graduate School \$ _____

Current Assets Set Aside for Education: \$ _____

Student 2	Estimated Annual Cost
Name: _____	Elementary \$ _____
Current Grade in School: _____	Secondary \$ _____
High – Low Importance: 10 – 1 _____	College \$ _____
	Graduate School \$ _____

Current Assets Set Aside for Education: \$ _____

Student 3	Estimated Annual Cost
Name: _____	Elementary \$ _____
Current Grade in School: _____	Secondary \$ _____
High – Low Importance: 10 – 1 _____	College \$ _____
	Graduate School \$ _____

Current Assets Set Aside for Education: \$ _____

Other Annual Funding Sources (e.g., loans, student scholarships, student employment, etc.)

Student	Funding Source	Annual Amount
_____	_____	\$ _____
_____	_____	\$ _____

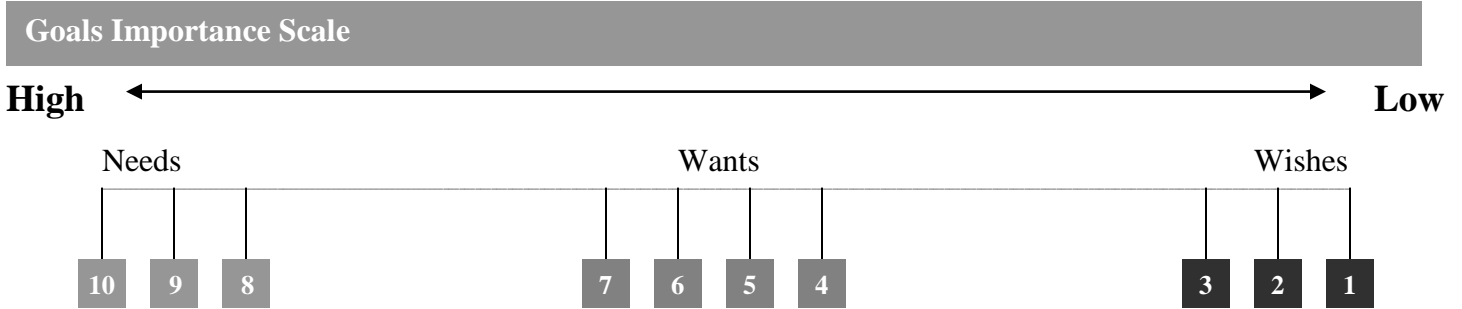
Assets owned by others (e.g., 529 plan owned by grandparents): _____

LIFESTYLE GOALS

These goals are personal goals chosen to enhance a certain lifestyle – goals such as travel, a major purchase or buying a new home.

They may be goals for retirement or today. Either way, if they are to be funded using money from investment assets or savings, list each as a lifestyle goal.

Remember, rank goals according to the following scale:



Travel

Create travel goals for an individual trip or any future vacations. A special spot? Or multiple destinations?

Description	Start		Amount		How Often	How Many Times	Importance	
	Year	Or at Retirement	Ideal	Acceptable			High 10	Low 1
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

Car

Include any goals for buying a vehicle from investment assets or savings. A classic car for a collection? Or, a luxury car during retirement?

Description	Start		Amount		How Often	How Many Times	Importance	
	Year	Or at Retirement	Ideal	Acceptable			High 10	Low 1
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

Major Purchase

A long-standing desire? A leisure boat? An art collection? Or _____? Fill in the blank and make it a goal.

Description	Start		Amount		How Often	How Many Times	Importance	
	Year	Or at Retirement	Ideal	Acceptable			High 10	Low 1
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

Healthcare

The cost of healthcare is usually covered under basic expenses. However, if concerned about remaining financially independent and not burdening family with personal healthcare costs later in life, add healthcare as a separate goal here.

Description	Start		Amount		How Often	How Many Times	Importance	
	Year	Or at Retirement	Ideal	Acceptable			High 10	Low 1
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

New Home

List any planned home purchases. Looking to trade-up or downsize? Dreaming of a weekend or vacation home?

Description	Start		Amount		Importance	
	Year	Or at Retirement	Ideal	Acceptable	High 10	Low 1
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

Home Improvement

Is a home renovation in the future?

Description	Start		Amount		How Often	How Many Times	Importance	
	Year	Or at Retirement	Ideal	Acceptable			High 10	Low 1
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

Wedding

Is planning a wedding a priority?

Name and Relationship	Year	Amount		Importance	
		Ideal	Acceptable	High 10	Low 1

Celebration

Bar/Bat Mitzvahs, Communions, sweet-sixteens, birthdays, anniversaries and other events. Planning to make these celebrations happen?

Description	Start		Amount		How Often	How Many Times	Importance	
	Year	Or at Retirement	Ideal	Acceptable			High 10	Low 1
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

Gifts – Donations - Help

Is it time to give back? List here any gift goals – from holiday presents to monetary gifts to family members or organizations.

Description	Start		Amount		How Often	How Many Times	Importance	
	Year	Or at Retirement	Ideal	Acceptable			High 10	Low 1
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

Provide Care for Someone

Need money to take care of a loved one (e.g., parent in a nursing home, or a special-needs child)?

Description	Start		Amount		How Often	How Many Times	Importance	
	Year	Or at Retirement	Ideal	Acceptable			High 10	Low 1
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

Starting a Business

Is it time to work for yourself? Open a franchise? Turn a passion into a business?

Description	Start		Amount		Importance
	Year	Or at Retirement	Ideal	Acceptable	
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Private School

Planning for a private school education for children or grandchildren?

Who is Going to School?	Start Year	Number of Years	Amount		Importance High Low 10 - 1
			Ideal	Acceptable	

Leave a Bequest

Creating a legacy may be an important goal – through a business built or trusts for grandchildren’s future.

Description/Recipient	Amount		Importance High Low 10 - 1
	Ideal	Acceptable	

Anything Else/Other

Are there other needs, wants and wishes not yet covered?

Description	Start		Amount		How Often	How Many Times	Importance High Low 10 - 1
	Year	Or at Retirement	Ideal	Acceptable			
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

Section Three – Risk Tolerance

Risk Tolerance and Investment Preferences

These questions are designed to help develop an asset allocation strategy that addresses specific financial goals. Please review and answer the following questions.

1. Primary objective

Overall objective for this plan is to:

- Produce current income
- Achieve capital appreciation (emphasis on growth of capital, not income)
- Produce a combination of income and capital appreciation

2. Investment Timeframe

The length of time intended to remain invested can play a significant role in designing an appropriate investment strategy. Generally, the longer the investment timeframe, the more risk that can be taken to potentially achieve greater returns (assuming additional risk).

When will the majority of these funds be needed?

- ___ Less than three years
- ___ Three to six years (an average market cycle)
- ___ Seven to 10 years
- ___ Longer than 10 years (several market cycles)

3. Risk/return objectives

Many investors have expectations of earning the high returns of a long-term investment, but feel compelled to liquidate prematurely because of their discomfort with short-term volatility. Identifying acceptable volatility is central to determining an appropriate investment strategy.

Which of the following statements best characterize risk/return objectives?

- ___ Interested in maintaining invested capital and not prepared to accept higher fluctuations in the value of assets.
- ___ Prefer to sustain only moderate fluctuations in the value of assets to achieve moderate returns.
- ___ In order to achieve a higher return, prepared to accept higher fluctuations in the value of assets.

4. Investment characteristics

Which one of the following best characterizes tolerance for risk? Please check one of the following:

- Low risk Some risk Moderate risk Moderately high risk High risk

5. Short-term cash need

Is there a need for cash in the short term?

Yes No

6. Portion of total investable assets in this plan

What portion of total investable assets is reflected in this plan?

Less than 20% 20% to 40% 41% to 60% 61% to 80% More than 80%

7. To what extent should tax-free municipal securities be taken into consideration?

Not at all Minimally Somewhat Significantly Fully

8. Please select which product types should be considered in an asset allocation recommendation.

International equity Emerging markets International fixed income High yield
 REITs Alternative strategies Broad commodities

(Note: If alternative strategies is selected in question 8, please answer questions 9 – 10.)

9. Please indicate willingness to invest with professional money managers who, from time-to-time, may employ the types of investment strategies described in question 10?

Not comfortable Fairly comfortable Very comfortable

10. Is there some familiarity with the following investments or strategies and interest in investing in them again?

Private investment partnerships Hedge funds or managed funds Private equity or venture capital
 Put and/or call options Futures/commodity contracts Short positions

Section Four – Asset Information

The following pages require specific investment/account information. Please attach copies of statements for each investment/account and/or complete the worksheets that follow.

Attached are the most recent Cash Asset(s) statement(s)

Cash Assets

Name or Description	Asset Code	Purpose	Owner Code	Present Balance	Liquidate at Death	Average Balance	Interest Rate	Comments
_____	_____	_____	_____	\$ _____	Y N	\$ _____	_____%	_____
_____	_____	_____	_____	\$ _____	Y N	\$ _____	_____%	_____
_____	_____	_____	_____	\$ _____	Y N	\$ _____	_____%	_____
_____	_____	_____	_____	\$ _____	Y N	\$ _____	_____%	_____
_____	_____	_____	_____	\$ _____	Y N	\$ _____	_____%	_____
_____	_____	_____	_____	\$ _____	Y N	\$ _____	_____%	_____

Attached are the most recent CD & Gov't Issue(s) statement(s)

CDs & Gov't Issues

Issuer & Description	Purpose	Cost	Purchase Date	Owner Code	Liquidate At Death	Current Value	Interest Rate	Maturity Date	Comments
_____	_____	\$ _____	____/____/____	_____	Y N	\$ _____	_____%	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____	Y N	\$ _____	_____%	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____	Y N	\$ _____	_____%	____/____/____	_____
_____	_____	\$ _____	____/____/____	_____	Y N	\$ _____	_____%	____/____/____	_____

Attached are the most recent Corporate or Municipal Bond(s) statement(s)

Corporate or Municipal Bonds	Purpose	Owner Code	Purchase Date Mo./Yr.	Cost/Unit	Liquidate At Death	Maturity Date	Par Value	Current Rating If Known	Coupon Interest Rate	# of Bonds	Current Market Value	Type of Bond
_____	_____	_____	____/____	\$ _____	Y N	____/____/____	\$ _____	_____	_____%	_____	\$ _____	_____
_____	_____	_____	____/____	\$ _____	Y N	____/____/____	\$ _____	_____	_____%	_____	\$ _____	_____
_____	_____	_____	____/____	\$ _____	Y N	____/____/____	\$ _____	_____	_____%	_____	\$ _____	_____
_____	_____	_____	____/____	\$ _____	Y N	____/____/____	\$ _____	_____	_____%	_____	\$ _____	_____

Attached are the most recent Non-Qualified Annuity(ies) statement(s)

Non-Qualified Annuities Company & Description	Purpose	Owner Code	Cost	Purchase Date Mo./Yr.	Current Value	Guaranteed Interest Rate	Current Interest Rate	Maturity Date
_____	_____	_____	\$ _____	____/____	\$ _____	_____%	_____%	____/____/____
_____	_____	_____	\$ _____	____/____	\$ _____	_____%	_____%	____/____/____
_____	_____	_____	\$ _____	____/____	\$ _____	_____%	_____%	____/____/____
_____	_____	_____	\$ _____	____/____	\$ _____	_____%	_____%	____/____/____

Asset Codes:

- 1 – Cash and Checking
- 2 – Savings and Credit Union
- 3 – Money Market Fund

Purpose:

- I – Income
- S – Speculation
- G – Growth
- E – Estate Settlement
- T – Tax Shelter
- P – Personal Use

Owner Codes:

- C – Client
- S – Spouse
- J – Joint
- M – Community Client
- N – Community Spouse
- K – Child
- T – Trust (Distribution Client's Death)
- O – Other (Distribution Client's Death)
- W – Trust (Distribution Spouse's Death)
- Q – Other (Distribution Spouse's Death)
- P – Community Real Property Titled Jointly
- I – Irrevocable Trust (Distribution to Child)

Type of Bond:

- EE – U.S. Savings
- HH – U.S. Income
- MB – Municipal
- ZM – 0 Coupon Muni.
- CB – Corporate
- ZC – 0 Coupon Corp.
- FL – Flower
- DB – Deberture
- OB – Other

Attached are the most recent Stock(s) statement(s)

<u>Stocks</u>	Preferred/ Common	Owner Code	Purpose	Pledged	# of Shares	Cost/ Share	Purchase Date Mo./Yr.	Liquidate At Death	Current Price/ Share	Growth Estimate Per Yr.	Annual Div./ Share	Growth Estimate Per Yr.	Dividend Reinvest
_____	_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	Y N
_____	_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	Y N
_____	_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	Y N
_____	_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	Y N
_____	_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	Y N

Attached are the most recent Non-Qualified Mutual Fund(s) statement(s)

<u>Non-Qualified Mutual Funds</u>	Owner Code	Purpose	Pledged	# of Shares	Cost/ Share	Purchase Date Mo./Yr.	Liquidate At Death	Current Price/ Share	Growth Estimate Per Yr.	Annual Div./ Share	Growth Estimate Per Yr.	Portion That Is Capital Gains	Mthly or Qtr Div. Reinv.	Purchases/ Mo/Qtr?
_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	_____	Y N	____/____
_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	_____	Y N	____/____
_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	_____	Y N	____/____
_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	_____	Y N	____/____
_____	_____	_____	Y N	_____	\$ _____	____/____	Y N	\$ _____	_____ %	\$ _____	_____ %	_____	Y N	____/____

Attached are the most recent Stock Option(s) statement(s) from your employer's benefit department.

<u>Stock Options Company</u>	Grant Date Mo./Day/Yr.	Expiration Date Mo./Day/Yr.	Desired Exercise Date	# of Shares	Grant Price/ Share	Expiration Treatment	Owner Code	Incentive or Non-Qualified	Annual Div./ Share	Growth Estimate Per Year
_____	____/____/____	____/____/____	____/____/____	_____	\$ _____	_____	_____	_____	\$ _____	_____ %
_____	____/____/____	____/____/____	____/____/____	_____	\$ _____	_____	_____	_____	\$ _____	_____ %
_____	____/____/____	____/____/____	____/____/____	_____	\$ _____	_____	_____	_____	\$ _____	_____ %
_____	____/____/____	____/____/____	____/____/____	_____	\$ _____	_____	_____	_____	\$ _____	_____ %

Your projected value of the stock on which you have an option (per share) – Assumed Market Value

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Purpose:

- I – Income
- S – Speculation
- G – Growth
- E – Estate Settlement
- T – Tax Shelter
- P – Personal Use

Owner Codes:

- C – Client
- S – Spouse
- J – Joint
- M – Community Client
- N – Community Spouse
- K – Child

Expiration Treatment:

- 1 – Cash Purchase
- 2 – Exercise & Sell Immediately
- 3 – Exchange Currently Held Shares

- T – Trust (Distribution Client's Death)
- O – Other (Distribution Client's Death)
- W – Trust (Distribution Spouse's Death)
- Q – Other (Distribution Spouse's Death)
- P – Community Real Property Titled Jointly
- I – Irrevocable Trust (Distribution to Child)

Attached are copies of the titles to the assets listed below (if applicable).

<u>Cars, Boats, Cycles, Planes, Etc.</u> (Year, Make, Model)	Purpose	Purchase Price	Date Acquired	Owner Code	Market Value	Estimated Growth/Decrease	Misc. Expenses/Yr.	Growth Per Year
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %

<u>Personal Effects, Jewelry, Furs</u> (Description)	Purpose	Purchase Price	Date Acquired	Owner Code	Market Value	Growth/Decrease	Misc. Expenses/Yr.	Growth Per Year
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %

<u>Home Furnishings</u> (Description)	Purpose	Purchase Price	Date Acquired	Owner Code	Market Value	Growth/Decrease	Misc. Expenses/Yr.	Growth Per Year
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %

<u>Antiques, Collectables, Art</u> (Description)	Purpose	Purchase Price	Date Acquired	Owner Code	Market Value	Growth/Decrease	Misc. Expenses/Yr.	Growth Per Year
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %

<u>Precious Gems, Metals</u> (Description)	Purpose	Purchase Price	Date Acquired	Owner Code	Market Value	Growth/Decrease	Misc. Expenses/Yr.	Growth Per Year
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %

<u>Hobbies, Other Personal Assets</u> (Description)	Purpose	Purchase Price	Date Acquired	Owner Code	Market Value	Growth/Decrease	Misc. Expenses/Yr.	Growth Per Year
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %
_____	_____	\$ _____	___/___/___	_____	\$ _____	_____ %	\$ _____	_____ %

<u>Proprietary Rights</u> (Description)	Type Code	Purpose	Date Acquired	Expiration Date	Owner Value	Current Decrease	Estimated Growth or Income	Annual Decrease	Estimated Growth or Exp./Year	Misc. Exp./Year	Growth
_____	_____	_____	___/___	___/___	\$ _____	\$ _____	_____ %	\$ _____	_____ %	\$ _____	_____
_____	_____	_____	___/___	___/___	\$ _____	\$ _____	_____ %	\$ _____	_____ %	\$ _____	_____
_____	_____	_____	___/___	___/___	\$ _____	\$ _____	_____ %	\$ _____	_____ %	\$ _____	_____

Purpose:
 I – Income
 S – Speculation
 G – Growth
 P – Personal Use
 T – Tax Shelter
 E – Estate Settlement

Owner Codes:
 C – Client
 S – Spouse
 J – Joint
 M – Community Client
 N – Community Spouse
 K – Child

T – Trust (Distribution Client’s Death)
 O – Other (Distribution Client’s Death)
 W – Trust (Distribution Spouse’s Death)
 Q – Other (Distribution Spouse’s Death)
 P – Community Real Property Titled Jointly
 I – Irrevocable Trust (Distribution to Child)

Proprietary Type Codes:
 P – Patents
 T – Trademarks
 C – Copyrights
 M – Mineral Rights
 O – Other Rights

REAL ESTATE

Attached are copies of the deeds

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Property Type: (Residence, Non-Residence)				
Current Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: (Client, Spouse, Joint, etc.)				
State:				

MORTGAGES

Attached are copies of the mortgage paperwork

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Institution Website Address:				
Loan Type: (Mortgage, Home Equity Loan)				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
As of Date: (Current Balance)				
Interest Rate:				
Loan Term (Years):				
Payment Frequency (Monthly, Quarterly, Annually)				
Repayment Type (Principal & Interest, Int. Only)				
Payment:				
Is Interest Deductible? Y / N				
Insured for Life? Y / N				

Property Notes: _____

Section Five – Retirement Income Sources

Attached are the most recent Social Security, pension or other retirement income statements

SOCIAL SECURITY

Recipient	Age to Start Benefits	Expected Benefits
Client		
Spouse		
Notes:		

OTHER RETIREMENT INCOME

(Including pension, real estate, trust and/or part-time employment income, do not include investment income)

Recipient	Description	When Will Income Start?	When Will Income End?	Annual Income	Survivor Benefit (if applicable)	Inflation (if applicable)

QUALIFIED RETIREMENT PLANS – INCLUDING 401(K), SEP/IRA, SARSEP, SIMPLE, KEOGH, 403(B), 457.

Attached are the most recent Qualified Retirement Plan statements.

Owner	Name or Description	Total Current Value	Employee Contributions			Employer Contributions % of comp.	Profit Sharing	
			Pre-Tax %	After Tax %	End Date?		% of comp or \$ amt.	End Date?

IRA AND TAX-DEFERRED ACCOUNTS/ANNUITIES

Attached are the most recent IRA and tax-deferred account/annuity statements.

Owner (client, spouse, joint)	Name or Description	Total Current Value	Cost Basis (if applicable)	Annual Additions	When Additions End

EDUCATION SAVINGS ACCOUNTS

Attached are the most recent education savings account statements.

Type of account (529, UGMA/UTMA, Coverdell)	Owner (Client, Spouse, Joint)	Name or Description	Beneficiary (if applicable)	Total Current Value	Annual Additions	When Additions End

EXTRA SAVINGS

Can more be saved to fund your goals? Yes No

If yes, what is the maximum extra amount for each year in addition to the amounts entered above? \$ _____

Willingness to Save More? ____ Very Willing ____ Somewhat Willing ____ Slightly Willing

Section Six - Annual Income Sources & Expenditures

Income Source	This Year	Next Year	Annual Rate of Increase \$ or %
Client's Salary, Wages, Tips			
Client's Bonus			
Spouse's Salary, Wages, Tips			
Spouse's Bonus			
Client's Self-Employment Income			
Spouse's Self-Employment Income			
Client's Other Earned Income			
Spouse's Other Earned Income			
Alimony			
Child Support			
Client's Social Security Benefits			
Spouse's Social Security Benefits			

Expenditure	\$ Amount	Monthly or Yearly	Annual Rate of Increase \$ or %
Rent (excludes mortgage)			
Home Maintenance, Supplies			
Lawn, Pool, Snow Service			
Home Cleaning			
Gas, Electric			
Fuel Expenses			
Water, Sewer, Refuse			
Telephone			
Furnishings			
Appliances			
Clothing			
Laundry, Dry Cleaning			
Personal Care			
Food at Home			
Food Away from Home			
Beverages			
Education (non-deductible)			
Home Computer			
Cable TV Service			

Expenditure	\$ Amount	Monthly/Yearly	Annual Rate of Increase \$ or %
Children's Expenses			
Allowances			
Books, Subscriptions			
Hobby Expenses			
Vacations			
Entertainment, Clubs			
Gifts, Flowers			
Transportation, Parking			
Insurance (non-asset)			
Automobile Insurance Premiums			
Homeowners Insurance Premiums			
Umbrella Insurance Premiums			
Charge Card Payments			
Alimony Payments			
Medical Insurance Premiums			
Medicine, Drugs			
Physicians, Nurses			
Dental Care			
Vision Care			
Other Medical Expenses			
State Income Tax			
Local Income Tax			
Personal Property Tax			
Charge Card Interest (NCF)			
Charitable Cash Contributions			
Political Contributions			
Other Qualified Interest			
Vocational Education			
Professional/Union Dues			
Professional/Investment Literature			
Safe Deposit Box			
Tax Preparation Fee			
Financial Planning Fee			
Other:			

Trusts*

Have you created any other trusts? Yes () No ()
Revocable? Yes () No () Dated _____
Irrevocable? Yes () No () Dated: _____

Has your spouse created any other trusts? (other than a trust with your will) Yes () No ()
Revocable? Yes () No ()
Irrevocable? Yes () No ()

Describe in general terms the distribution provisions.

Powers of Attorney*

Have you executed a power of attorney? Yes () No ()
Who is the attorney-in-fact? _____

Has your spouse executed a power of attorney? Yes () No ()
Who is the attorney-in-fact? _____

Living Wills*

Have you executed a living will? Yes () No ()
Has your spouse executed a living will? Yes () No ()

* Obtain copies of these documents.

What specific assets and/or income are needed to provide security for your spouse in the event of your death?

There are three possible beneficiaries of your estate – discuss the importance and priority of each.

Family

Charity

Government

Describe the importance to protect assets received by the children as much as possible from creditors, divorce and taxes. Discuss (GST and leverage of GST).

Do you want to provide specific funds for your grandchildren?

Who, beyond your children and grandchildren, should be provided for? (Parents, siblings, nieces, nephews, others.) Describe.

Have you reviewed the titling of your assets in conjunction with your estate plan?

Are you making annual exclusion gifts? _____

- Children

- In-Laws

- Grandchildren

- Others

Are you making annual exclusion gifts for education or medical needs?

Have you made unified credit gifts? Describe amount and asset gifted.

Do you or your spouse expect any significant inheritances? Describe. (Discuss possible GST.)

What are the most rapidly appreciating assets in your estate?

Are you comfortable shifting assets to the next generations to reduce future estate taxes?

Do you own a primary or secondary residence family members would be interested in maintaining in the family? (Discuss Qualified Personal Residence Trust.)

CHARITABLE GIFTING

Do you have any strong charitable interests? Describe.

Approximately how much do you give away each year?

How do you make these gifts (cash, appreciated securities, company stock, other assets)?

Would you be interested in studying the tax advantages involved in sophisticated charitable strategies?

Do you have an interest in doing more for any of the above organizations?

Would you have an interest in creating your own private foundation? _____

- If yes, what purpose would it have and who would be actively involved?

- How much would you be willing to contribute to establish the foundation?

- Year 1 _____
- Years 2 – 3 _____
- Years 4 – 5 _____

Are there any specific bequests you would like fulfilled upon your death or the death of your spouse? (Discuss income tax advantage of spouse making charitable gifts and coordinating with estate plan.)

Section Eight – Insurance

LIFE INSURANCE

	(1)	(2)	(3)	(4)
Policy Name:				
Policy Number:				
Institution Name:				
Institution Website Address:				
Purchase Date:				
Policy Type <i>(Whole Life, VWL, Term, UL, VUL, Group, Other)</i> :				
Term Ends at Retirement <i>(Group Life Only) (Yes / No)</i> :				
Term (years) <i>(Term Life Only)</i> :				
Insured <i>(Client, Spouse, Survivorship, etc.)</i> :				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Beneficiary <i>(Client, Spouse, Survivorship, etc.)</i> :				
Under Our Management?: <i>(Yes / No)</i>				
Exclude from Planning?: <i>(Yes / No)</i>				
Current Death Benefit:				
Current Cash Value:				
Basis:				
Cash Value Growth Rate:				
Annual Premium:				
Premium Term <i>(Years)</i> :				
Premium Payer <i>(Client, Spouse, Joint, etc.)</i> :				
Exclusion Amount:				
Proceeds Reinvested at:				
Proceeds Realization Model:				

LONG TERM CARE

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Insured <i>(Client, Spouse)</i> :			
Benefit Amount:			
Period for Benefit Amount <i>(Annually, Quarterly, Monthly, Daily)</i> :			
Owner <i>(Client, Spouse, Joint)</i> :			
Annual Premium:			

Premium Term (Years):			
Premium Payer (Client, Spouse, Joint):			
Elimination Period (0, 20, 30, 45, 50, 60, 90, 100, 120, 180 Days, 1 Year):			
Benefit Period (2, 3, 4, 5, 6, 7, 10 Years, Lifetime):			
COLA %:			

DISABILITY

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Policy Type (Group Short Term, Group Long Term Personal Short Term, Personal Long Term, Other):			
Term Ends at Retirement (Yes / No):			
Insured (Client, Spouse):			
Benefit Amount:			
Period for Benefit Amount (Annually, Quarterly, Monthly, Daily):			
Reduce by Social Security Disability (Yes / No):			
Owner (Client, Spouse, Joint):			
Annual Premium:			
Premium Term (Years):			
Premium Payer (Client, Spouse, Joint):			
Elimination Period (0, 7, 14, 30, 60, 90, 180 Days, 1 Year, 2 Years):			
Benefit Period (90, 180 Days, # Years, Age, Life):			
COLA %:			
Own Occupation (Yes / No):			

AUTHORIZATION TO FURNISH INFORMATION

To _____ Date _____

I hereby request and authorize the above to obtain any information necessary to prepare certain financial recommendations for my consideration.

Any attorney, accountant, investment adviser, registered representative, insurance agent, bank or trust officer, is hereby requested and authorized to furnish any and all information, papers, documents or copies thereof which may be requested.

Any employer is requested and authorized to furnish any and all information regarding employee benefit programs for which I may be entitled now or in the future.

Any life, health or casualty insurance company with which I have insurance is hereby requested and authorized to furnish any information regarding my policies, beneficiary and owner designations, financial history and projections, including any policy service, forms, or surrender forms.

Any securities firm or broker/dealer, with which I have investments, is hereby requested and authorized to furnish any information regarding my investments.

Because this is a multi-purpose service form, a photographic copy of this Authorization shall be as effective and valid as the original for a period of one year.

Name (X) _____

Spouse (X) _____

ESTATE PLAN

BUSINESS FACT FINDER - SUPPLEMENT

Baldwin & Clarke Advisory Services, Inc.
116 A South River Road, Bedford, NH 03110
(603) 668-4353

Section One – Business Interests

BUSINESS #1

Legal Name _____

Business now operates as:

- Sole Proprietorship C Corporation Limited Liability Company
 Partnership S Corporation Limited Liability Partnership

Fiscal year ends _____ Number of Employees _____

Describe principal business activity _____

Year incorporated _____ State of Incorporation _____

Do you have an employment contract? Yes No

Do you have a buy-sell agreement? Yes No

Do you have a Board of Directors? Yes No

Who are your directors? _____

Do you have specific feelings regarding Directors from outside the business? _____

Stockholders	Relationship To Client	STOCK OWNERSHIP %		
		Preferred Stock (voting/non-voting)	Voting Common Stock	Non-Voting Common Stock

Have there been transfers of stock by sale, gift or inheritance? Describe the nature of a transfer, date and price, and valuation method used. (If formal appraisal was completed, please provide a copy.)

How did you acquire your stock in the business? When? At what price? _____

BUSINESS #2

Legal Name _____

Business now operates as:

- Sole Proprietorship C Corporation Limited Liability Company
 Partnership S Corporation Limited Liability Partnership

Fiscal year ends _____ Number of Employees _____

Describe principal business activity _____

Year incorporated _____ State of Incorporation _____

Do you have an employment contract? Yes No

Do you have a buy-sell agreement? Yes No

Do you have a Board of Directors? Yes No

Who are your directors? _____

Do you have specific feelings regarding Directors from outside the business? _____

		STOCK OWNERSHIP %		
Stockholders	Relationship To Client	Preferred Stock (voting/non-voting)	Voting Common Stock	Non-Voting Common Stock

Have there been transfers of stock by sale, gift or inheritance? Describe the nature of a transfer, date and price, and valuation method used. (If formal appraisal was completed, please provide a copy.)

How did you acquire your stock in the business? When? At what price? _____

Section Two – Business Valuation

BUSINESS #1

1. What is the current **book value** of the **entire business**? _____
2. Regarding the balance sheet, are there significant differences between the balance sheet value and fair market value of the real estate, equipment, inventory or other assets? Describe.

3. Are salaries paid to family member(s) unusually high or low? Describe. _____

Is business rent paid to personally owned real estate above or below fair market rent? Describe.

4. Regarding Business Value:

- If you were selling the entire business, who may be interested in acquiring it and for approximately what price? _____

- What has the corporate profit, before taxes, been for the past five years?

Period	Year	Before-Tax Profit
1 (most recent)		
2		
3		
4		
5		

- Describe the cash flow situation of the business – If an S Corporation, is cash in excess of tax requirements distributed and, if yes, how much?

BUSINESS #1 (continued)

- What issues could you argue to create a lower business value for tax purposes?

- Is the business marketable today? Describe. _____

- Have similar businesses been sold? If so, at what valuation method and how would that equate to your business? _____

5. What is the potential for growth? _____

BUSINESS #2

1. What is the current **book value** of the **entire business**? _____

2. Regarding the balance sheet, are there significant differences between the balance sheet value and fair market value of the real estate, equipment, inventory or other assets? Describe.

3. Are salaries paid to family member(s) unusually high or low? Describe. _____

Is business rent paid to personally owned real estate above or below fair market rent? Describe.

4. Regarding Business Value:

- If you were selling the entire business, who may be interested in acquiring it and for approximately what price? _____

- What has the corporate profit, before taxes, been for the past five years?

Period	Year	Before-Tax Profit
1 (most recent)		
2		
3		
4		
5		

- Describe the cash flow situation of the business – If an S Corporation, is cash in excess of tax requirements distributed and, if yes, how much?

BUSINESS #2 (continued)

- What issues could you argue to create a lower business value for tax purposes?

- Is the business marketable today? Describe. _____

- Have similar businesses been sold? If so, at what valuation method and how would that equate to your business? _____

5. What is the potential for growth? _____

Section Three – Current Loans & Business Indebtedness

Daily Operational Facts

1. When the corporation borrows money, must certain individuals co-sign or guarantee the loan? Give details.

2. Who are your largest suppliers/customers?

3. Would a termination in the relationship with any of the above impact your business?

Section Four – Key Personnel Facts

1. Which employees do you consider “key”?

Names	Position/Duties	Age	Years Employed	Salary & Bonus

2. Do you currently provide: (Circle and provide copies)

- Pension / Profit Sharing / 401(k) / ESOP
- Salary Continuation / Deferred Compensation
- Employment Contracts
- Stock Options / Phantom Stock / Stock Appreciation Rights Plan
- Group: Life / Disability / Medical / Dental

3. Describe the above benefits (amount and type of benefit)

4. Regarding the importance of these employees:

- Would the business suffer if any of these employees left the company? _____

- Do any of the plans in place provide incentive for the employee to remain with the company?

- Would it be appropriate to review alternatives to provide specific benefits to any of these employees?

Describe. _____

- Would it be valuable to discuss these issues with the key executives? _____

Section Five – Business Succession

Describe the plan that is currently in place. (Who would take over and run the business in the event of your death?)

Has this been communicated with family members and other people involved? _____

Is the plan in writing? _____

Are there any agreements or documents in place that effect the business continuation plan (shareholder, partnership agreements, wills, trusts)? Describe. _____

What are the biggest hurdles that must be overcome to insure a smooth business continuation?

What are your personal plans for continued involvement in the business? (Continue for as long as capable, slow down, retire at some future date.....)

Section Six – Business Retained in the Family

CONTROL AND EQUITY

1. *For majority or 50% owner:*

Do you want to retain your “voting” control? _____

Do you ever envision yourself owning less than 50% of the voting stock to help minimize the estate tax burden? _____

Describe your personal philosophy regarding control of the business. _____

In the event of your death, who should be in voting control of the business? _____

2. *For majority and non-majority owner:*

Would you be comfortable beginning to shift business equity in the form of non-controlling ownership (minority voting stock or non-voting stock) to the next generation(s)?

To whom and to what extent? _____

Discuss valuation discounting opportunities (minority, lack of marketability). _____

EQUALIZATION

- If the shifting of business assets does not include all of your children, are you concerned about equalizing the ultimate estate to all children? Describe.

- When should this equalization take place?

Lifetime

Death of Owner

Death of Surviving Spouse

- What amount of cash or assets would you consider fair equalization? _____

SPOUSE OWNERSHIP

- If the current plan is for your spouse or trust for the benefit of your spouse to own your stock in the business, describe your spouse's involvement in the business or the trustee's ability to make critical decisions regarding the business.

- What are the main reasons for having the stock pass through the marital deduction?

- May it be more effective to have your spouse receive cash to provide security and have the business owned outside of your spouse's taxable estate? Discuss.

- Would it be most effective for your children to receive the business at your death or the death of your spouse? Consider the age of your children at the time of distribution.

BUSINESS REAL ESTATE

If the business real estate is owned personally:

- Should the real estate ownership follow the stock ownership?

- Alternatively, real estate could be an income source to the spouse or equalization asset to non-active children.

Is there opportunity to start a new business(es) similar to the existing one and shift customers to the new entity or split off a portion of the business functions into a new entity?

Section Seven – Business to Be Sold Outside the Family

If a shareholder's agreement is in place, is the business valued at a fair value? Discuss the current price, terms and how the value is updated.

Is there opportunity to value the stock lower in the shareholder's agreement and deliver the difference to fair market value tax free to the family?

Is the sale of stock mandatory:

- If employment is terminated? _____

- If permanent disability? _____

- Upon death? _____

If the business was sold shortly after death of a shareholder, could it be sold for substantially more money than the agreed price?

If there is not a mandatory agreement in place, how will the business be disposed and for what price?

Who should be responsible for making these decisions?
