

BUSINESS INFORMATION

Name of Business _____

Address _____

_____ Phone/Fax _____ / _____

Name _____ Position _____ Phone _____

Nature of Business _____

Type of Business C-Corp S-Corp PA/PC LLC Partnership Sole Proprietorship

EMPLOYEE BENEFIT STRATEGIES

CHECK THE APPROPRIATE BOX

Yes No

IS IT IMPORTANT FOR YOU TO ASSIST OR PROVIDE EMPLOYEES WITH BENEFIT PLANS FOR:

- a) Retirement? (In addition to Social Security) Yes No
- b) Health insurance? Yes No
- c) Disability? Yes No
- d) Life insurance? Yes No
- e) Voluntary employee benefit programs? Yes No

DO YOU FEEL THAT YOUR EXISTING EMPLOYEE BENEFIT PLANS:

- a) Attract and retain quality employees? Yes No
- b) Enhance employee performance? Yes No
- c) Are understood and appreciated by employees? Yes No
- d) Require more company resources than desired? Yes No

EXECUTIVE & KEY EMPLOYEE BENEFIT STRATEGIES

CHECK THE APPROPRIATE BOX

High Low

HOW CONCERNED ARE YOU ABOUT PROVIDING RETIREMENT, DISABILITY OR SURVIVOR BENEFITS FOR:

- a) Yourself? High Low
- b) Employee shareholders/partners? High Low
- c) Executives? High Low
- d) Key employees? High Low

HOW CONCERNED ARE YOU ABOUT PROTECTING YOUR COMPANY AGAINST THE LOSS OF A KEY EMPLOYEE DUE TO:

- a) Death? High Low
- b) Disability? High Low
- c) Being hired by a competitor? High Low

ANTICIPATED CHANGES

CHECK ALL THAT ARE LIKELY TO OCCUR IN THE NEXT 12 MONTHS

- | | |
|---|---|
| <input type="checkbox"/> Expansion of Business | <input type="checkbox"/> Review of Benefit Plans |
| <input type="checkbox"/> Opening of New Location(s) | <input type="checkbox"/> Add New Benefit Plan(s) |
| <input type="checkbox"/> Hiring Additional Employees | <input type="checkbox"/> Modify Existing Benefit Plan(s) |
| <input type="checkbox"/> Promoting Key Employees | <input type="checkbox"/> Terminate Existing Benefit Plan(s) |
| <input type="checkbox"/> Purchase of New Equipment | <input type="checkbox"/> Review Business Transfer Plan |
| <input type="checkbox"/> Acquire More Property or Space | <input type="checkbox"/> Change Ownership Arrangement |
| <input type="checkbox"/> Change Business Type | <input type="checkbox"/> Review Business Transfer Funding |

BUSINESS TRANSFER STRATEGIES

CHECK THE APPROPRIATE BOX

	High	Low
HOW CONCERNED ARE YOU ABOUT WHAT HAPPENS TO YOUR BUSINESS IN THE EVENT OF YOUR:		
a) Retirement?	<input type="checkbox"/>	<input type="checkbox"/>
b) Disability?	<input type="checkbox"/>	<input type="checkbox"/>
c) Death?	<input type="checkbox"/>	<input type="checkbox"/>
IN THE EVENT OF YOUR RETIREMENT, DEATH OR DISABILITY, HOW CONCERNED ARE YOU ABOUT:		
a) There being sufficient capital to continue operating your business?	<input type="checkbox"/>	<input type="checkbox"/>
b) Who will run your business?	<input type="checkbox"/>	<input type="checkbox"/>
c) Who will control your business?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU WANT YOUR BUSINESS TO BE:		
a) Retained by your family	<input type="checkbox"/>	<input type="checkbox"/>
b) Sold	<input type="checkbox"/>	<input type="checkbox"/>
c) Liquidated	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE A <i>WRITTEN</i> BUSINESS TRANSFER PLAN WHICH:		
	Yes	No
a) Is mandatory for both the buyer and the seller?	<input type="checkbox"/>	<input type="checkbox"/>
b) Sets the price that you or your heirs will receive?	<input type="checkbox"/>	<input type="checkbox"/>
c) Assures that the buyer will have funds to purchase the business?	<input type="checkbox"/>	<input type="checkbox"/>
d) Accurately reflects your share of the fair market value including goodwill?	<input type="checkbox"/>	<input type="checkbox"/>
e) Sets the value of your interest for estate tax purposes?	<input type="checkbox"/>	<input type="checkbox"/>
f) Creates an arrangement that achieves the desired management and ownership?	<input type="checkbox"/>	<input type="checkbox"/>