

Business Planning Fact Finder

Date: _____

Personal Information

Client Name: _____ Title: _____
 Business Name: _____ Years With Business: _____
 Business Address: _____
 Phone Number: _____ Email: _____
 Date of Birth: ____/____/____ Health Status: _____ Tobacco: Yes No

Family Composition

Name	Relationship	Age	Involved in Business	Business Role
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Business Information

Form of Business

- S-Corporation
 C-Corporation
 LLC taxed as (circle one) C-Corp, S-Corp, or Partnership
 Partnership
 LLP
 Sole Proprietor
 Non-profit

Principal Business Activity: _____

Number of Employees: _____ Number of Key Employees: _____

Value of Business: _____ Date of Last Valuation: _____

Current Owners

Name	Title/Role	Percentage
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

Insurance Holdings

Insured	Policy Owner	Beneficiary	Premium	Death Benefit	Cash Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Business Continuation Planning

How do you want your business to continue when you're no longer a part of it? (Check all that apply)

1. Sale to a Family Member

If yes, to whom will you sell? _____

When would you like to sell? (e.g., 10 years) _____

Are they currently employed by or involved in the business? Yes No

2. Sale to a Co-Owner via Buy-Sell Agreement

If yes, How is the agreement to be funded? _____

If funded by insurance, please complete the insurance holdings table on **Page 1**, above.

How frequently is the Agreement reviewed for updates?

Semi-Annually Annually Bi-Annually Less Frequently than Bi-Annually Never

Please attach a copy of the buy-sell agreement.

3. Sale to a Third Party

If yes, to whom? _____

When? _____

4. Retirement, Death, or Disability

If yes, what would happen to the company following your retirement, death or disability?

(a) Continued Operation (No Sale)

If yes, who would see to those continued operations? (e.g., a key employee, co-owner, family member, etc.)

(b) Liquidation by Sale

If yes, do you have a potential purchaser for the business? _____

Do you believe a liquidation will return an adequate sales price (less expenses and liabilities of the company) for your share of the business? Yes No

(c) Transfer by Will or Operation of Law

If yes, do you have a Will? Yes No

If you have a Will, when is the last time it was updated? _____

Who would it go to? _____

(d) Transfer to Spouse or Family Member

If yes, is it in the best interests of that person to be in business with your co-owners? Yes No

Would your co-owners want to purchase your share of business from your family? Yes No

Will your co-owners have adequate funding to purchase your shares? Yes No

(e) Unknown

If yes, have you thought about what you would like to occur? _____

Wealth Management

What role do outside investments play in helping you reach your financial goals? _____

1. How much income is needed to maintain your current lifestyle? \$ _____ per month

2. How much income is needed to maintain your lifestyle at Retirement? \$ _____ per month

3. What percentage of each of the following will provide your retirement income?

_____ % Qualified Plans _____ % Non-Qualified Plans _____ % Investments _____ % Social Security

4. Will your current retirement programs or strategies provide adequate income to fund your retirement? Yes No

5. If you could take money out of your business for retirement, disability or your family, would you? Yes No

If yes, for what purpose? Retirement Disability Survivor Benefits Other

How much would you be comfortable taking out?

As much as needed A moderate amount Minimal

Charitable Planning

How do you want to be remembered by your community? _____



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