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BUSINESS PLANNING FACT FINDER

Confidential Information

Business Name

Client Name

Address

City

Province

Postal Code

Business Phone

Email Address

...your gateway to financial success

General Business Data

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d?
years

5. Ownership

Owner(s) Name	Percentage (%) ownership	Title

6. Are there any family members involved with the business who are not shareholders?

Name	Relationship	Position

7. Does the corporation own any life insurance, disability insurance, or critical illness insurance policies?

Insured	Sum Insured	Annual Cost	Purpose	Date Purchased

8. Do you offer employee benefits? Check all that apply:

Pension Plan/Individual Pension Plan

Critical Illness Insurance

Retirement Compensation Arrangement

Executive Compensation

9. Are financial statements available?

Yes

Shared Ownership

Life, Health, Dental

Short/Long-Term Disability

Business Information

1. What do you foresee happening to your business if an owner retires, dies, becomes disabled, suffers a critical illness, or you encounter an unresolvable disagreement?

GIFT:	YES	NO		
	gift, to Spouse	Children	Other	
SELL:	YES	NO		
If	sell, sell to Partners/Sharel	nolders	Children	Other
	die or become disa Int to sell your inte		ting or selling ye	our business, who do
	event of disability or s/Shareholders	critical illness, sel Children [l to Other	
	event of death, sell t s/Shareholders	o Children [Other	
YI	these intentions e ES NO yes,	expressed in a fo	ormal agreement	?
	Buy Sell Agreen	nent Part	nership Agreemen	it 🗌
		Will	Othe	er 🔄
adv	the agreement be isors? ES NO	een formalized a	nd reviewed by y	your professional
ΎΙ	ES NO			
Date pu	it in place	d mm	<i>YYYY</i>	

4.	Would you like to have the agreement reviewed?
	YES NO
5.	How is your Buy/Sell agreement funded?
	Cash Bank Loan Asset Sale Life Insurance
	Other (please specify):
6.	Method of Buy/Sell
	Redemption Promissory Note
	Criss-Cross Hybrid
7.	Have you done an estate freeze?
	YES NO
Κ	ey Employees

1. How many employees do you have? _____
Do any of these employees stand out as being key to the success of the business?

2. If YES, please list these below

Name	Title & duties	% Ownership

If you lost any of these employees, for any reason, would you try to replace them?

YES			NO
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If YES, would there be a cost to replace? (i.e. recruiting and training cost)

YES			NO
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If Ye	es, please explain:
3.	Would the loss of this key employee impact any of the following? Morale Sales & Productivity
	Day-to-day business activities Supplier Relationships
	Ability to attract new employees Creditor Relationships Cther
4.	Would you like an estimate of how the loss of a key person could impact your corporation? YES NO
Ca	pital Gains
1.	What is the fair market value (FMV) of your business? \$
2.	What was the value of your business when you acquired it? \$
3.	Have you used any or all of the \$500,000 capital gains exemption? YES NO
	If yes, please specify when, how much, and on what business:

4. Is the value of your business growing?

	YES	by	%	NO			
	•	tax on the ta avings)	elling your bu xable capital Bank Loan Other	gains?	re would the f Asset Sale [unds come fror	n to pay
If otl	ner, pleas	e explain:					
5	Ic it im	nortant to y	ou to tako s	dvantago	of the most c	ost-offostivo	mothod

5. Is it important to you to take advantage of the most cost-effective method of paying this tax?

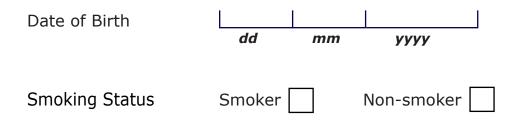
NO

Other

Who are your other advisors?

Name	Profession	Address	Phone Number		

Personal Data



Children	Name				Α	ge _				
	Name				A	ge _				
	Name				Α	.ge _				
	Name				Α	.ge _				
Citizenship)									
Marital Sta	itus Single	Ma	arried		Separa	ted		Divorced	1 🗌	
Spous	al Dat	a								
Spouse's N	lame							_		
Date of Bir	th	dd	 	 	vy					
Smoking S	tatus	Smoker		Non-sr	noker					
If separate	ed or divorce	ed please	provide	details tl	hat imp	bact	on yo	ur busine	ess plans:	
Client Sign	ature			Date	dd		mm	 		
Broker Sig	nature			Date	dd		mm	 	,	
I authorize	2				to dise	cuss	my fir	nancial a	ffairs with	
the following	ng professic	onal adviso	or(s):							
Name			Role	e (ie. law	yer, ac	coun	tant,	etc.)		
				[Date 🛓					
Client Sign	ature					dd		mm	уууу	

Notes:	