

ADVISOR QUESTIONNAIRE

BUSINESS PRE-QUALIFYING INFORMATION SHEET

Advisor: _____ **Office Location:** _____

NAME OF CLIENT: _____ **DOB:** _____

NAME OF SPOUSE: _____ **DOB:** _____

BUSINESS NAME: _____ **TAX YEAR END** _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ **BUSINESS FAX:** _____

BUSINESS E-MAIL: _____

1. Do you own your own business? _____ Yes _____ No

Type of business: _____

Type of ownership: "S" Corp. "C" Corp. LP/LLC

Value of business: \$ _____ ACB: \$ _____

Last 2 years Pretax earnings: \$ _____ \$ _____

Number of full time employees: # _____

Number of Key employees: # _____

% of business ownership _____% *

* If less than 100%, list other owners:

M/F	Owner Name	DOB	Relationship	% of Ownership

2. If you have other partners, do you have _____ Yes _____ No

(a) A funded Buy-Sell Agreement? _____ Yes _____ No

(b) Disability insurance policies _____ Yes _____ No

which are owned by the company? _____ Yes _____ No

(c) "Key Man" insurance? _____ Yes _____ No

(d) A 401(k) Plan? _____ Yes _____ No

(e) Defined Benefit/Contribution plan? _____ Yes _____ No

(f) ESOP? _____ Yes _____ No

(g) Other Plan? Type of Plan _____

3. What do you plan to do with business?

Pass on to heirs? Yes No

Sell the business?

If selling, by what date? _____

To whom? _____

5. Have you or your spouse used your Unified Credit?

Yes No

If yes, how much used? Husband \$ _____

Wife \$ _____

I want more information on the Section 79 Plan

Yes No

I want more information on the 412(e) Plan

Yes No

I want more information on the 419 Plan

Yes No

I want more information on ESOP's Plan

Yes No

I want more information on Split Dollar Plans

Yes No