



# Advanced Planning Questionnaire

## Business Owner Supplement

Client/Business Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_



**ADVANCED PLANNING QUESTIONNAIRE - BUSINESS OWNER SUPPLEMENT**

**Company Information**

S1. Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S2. When was the business established? \_\_\_\_\_

S3. Form of Business:  C-Corporation (Tax Bracket \_\_\_%)  S Corporation  LLC  
 Sole Proprietorship  General Partnership  Limited Partnership  Other \_\_\_\_\_

S4. Has form of business changed (e.g., C-Corp. to S-Corp, Sole Prop. to C-Corp.)?  Yes  No If Yes, provide details \_\_\_\_\_

S5. Describe primary business activities \_\_\_\_\_  
\_\_\_\_\_

**Business Owners**

S6. Owner Information

Name	DOB	Voting	Non-Voting	Salary	Relationship
	___/___/_____	%	%	\$	
	___/___/_____	%	%	\$	
	___/___/_____	%	%	\$	
	___/___/_____	%	%	\$	
	___/___/_____	%	%	\$	
	___/___/_____	%	%	\$	

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## ADVANCED PLANNING QUESTIONNAIRE - BUSINESS OWNER SUPPLEMENT

### Financial Information

- S7. What has been the average Gross Revenue for the business over the last three years? \$ \_\_\_\_\_
- S8. Describe past and current growth rates or trends of the business \_\_\_\_\_  
\_\_\_\_\_
- S9. Is the business the main income source for your family?  Yes  No
- S10. What percentage of the business income is needed to fund annual family living expenses? \_\_\_\_\_%
- S11. Is there substantial liquidity in the business that can be used to fund estate taxes?  Yes  No
- S12. How much could be used for estate taxes without jeopardizing the success of the business? (Note: You should discuss the possible tax implications with your tax advisor) \_\_\_\_\_  
\_\_\_\_\_

### Buy-Sell Information

- S13. Do you have a written Buy-Sell Agreement?  Yes  No If Yes, fill out the rest of this section.
- S14. Key Dates Date Executed \_\_\_/\_\_\_/\_\_\_\_\_ Date Last Reviewed \_\_\_/\_\_\_/\_\_\_\_\_
- S15. Indicate Buy-Sell Type  Cross Purchase  Redemption  Wait-and-See  Other \_\_\_\_\_  
Describe Terms (e.g.: triggering events, note provisions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- S16. Total Value (as agreed or estimated FMV): \$ \_\_\_\_\_ Date of Valuation \_\_\_/\_\_\_/\_\_\_\_\_
- S17. Method of Valuation  Appraisal  Stipulated by Owner(s)  Formula in Agreement  Other \_\_\_\_\_



**ADVANCED PLANNING QUESTIONNAIRE - BUSINESS OWNER SUPPLEMENT**

**S18.** Is Agreement Funded?  Yes  No If Yes, describe \_\_\_\_\_

\_\_\_\_\_

**S19.** Have any ownership interests changed since agreement was last reviewed (e.g., gifts to children)?  Yes  No

If Yes, describe \_\_\_\_\_

\_\_\_\_\_

**S20.** Additional Info \_\_\_\_\_

\_\_\_\_\_

**Business Succession Plans**

**S21.** Describe the general objectives for your business between now and retirement (e.g., grow/expand, sell, go public)

\_\_\_\_\_

\_\_\_\_\_

**S22.** How will your business interest be disposed under the following scenarios? (For each scenario, check all that apply)

Business Disposition	Scenarios		
	Upon Retirement	In the Event of Disability	Untimely Death
To Family Member(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Other Owner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Key Employee(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a Competitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business will be Liquidated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undecided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe \_\_\_\_\_

\_\_\_\_\_



**ADVANCED PLANNING QUESTIONNAIRE - BUSINESS OWNER SUPPLEMENT**

**S23.** If your business is being passed on, who will inherit your share of the business?

Name	What Percentage?	Currently Active in Business?	Relationship
	%	<input type="checkbox"/> Yes	
	%	<input type="checkbox"/> Yes	
	%	<input type="checkbox"/> Yes	
	%	<input type="checkbox"/> Yes	
	%	<input type="checkbox"/> Yes	
	%	<input type="checkbox"/> Yes	
	%	<input type="checkbox"/> Yes	
	%	<input type="checkbox"/> Yes	

**S24.** If you were to die, what would be the impact on your business? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employee Issues**

**S25.** What is the employee headcount?      Number of Employees \_\_\_\_\_      Number of Key Employees \_\_\_\_\_

**S26.** Identify Key Managers/Employees in your business

Name	Position	Age	Years Employed	Years to Retirement	Salary/Bonus	Insurance on Key Person, if any?
					\$	\$
					\$	\$
					\$	\$
					\$	\$



**ADVANCED PLANNING QUESTIONNAIRE - BUSINESS OWNER SUPPLEMENT**

**S27.** Of the Key Managers/Employees listed, who would be important to the continued success of the business in the event of your retirement, disability, or untimely death today? List and describe contribution to business \_\_\_\_\_

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**S28.** What arrangements does the business have for the retention of these Key Managers/Employees? \_\_\_\_\_

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**S29.** Fringe Benefits

Fringe Benefit	Provided For	
	All Employees	Key Employees
Pension	<input type="radio"/> Have <input type="radio"/> Interested In	<input type="radio"/> Have <input type="radio"/> Interested In
Profit Sharing	<input type="radio"/> Have <input type="radio"/> Interested In	<input type="radio"/> Have <input type="radio"/> Interested In
401 (k)	<input type="radio"/> Have <input type="radio"/> Interested In	<input type="radio"/> Have <input type="radio"/> Interested In
Non-Qualified Deferred Compensation	<input type="radio"/> Have <input type="radio"/> Interested In	<input type="radio"/> Have <input type="radio"/> Interested In
Executive Bonus Plan	<input type="radio"/> Have <input type="radio"/> Interested In	<input type="radio"/> Have <input type="radio"/> Interested In
Split-Dollar Life Insurance Plan	<input type="radio"/> Have <input type="radio"/> Interested In	<input type="radio"/> Have <input type="radio"/> Interested In

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