



Owner Only Benefits

Protect, Retire, Exit

Buy-Sell Agreement & Business Valuation

Questionnaire:

*Note: When ranking items below, use 1 to indicate the most important and 5 to indicate the least important

General

Ranking

Do you know what you could sell your business for today?

Estimated Value

Have you had your business valued within the last two years?

Yes
 Yes

No
 No

Buy Sell

Ranking

Have you identified who will buy your business and for how much?

Do you have a buy-sell agreement?

Is that buy-sell agreement based on a stated business value & has that value been reviewed in the last year?

Do you want to set up a buy-sell arrangement for your business?

Yes
 Yes
 Yes
 Yes

No
 No
 No
 No

Key Person

Ranking

Do you have key people that contribute to the profitability of your business?

Would your business be financially harmed if you lost a key person to the competition, death, or disability?

Yes
 Yes

No
 No

Estate

Ranking

Are you planning to transfer your business to your children / key employees at a discounted amount?

Have you made arrangements to sell your business ownership at death & have you reviewed them in the last 2 years?

Are you aware that it's possible to have your business taxed at a higher value than what it's sold for at death?

Yes
 Yes
 Yes

No
 No
 No

Please Complete Following Information:

Business Name:

Owner(s) Name:

Nature of Business:

Issue State:

Number of Years in Business:

Annual Growth Rate (%):

Business Tax Rate (%)

(enter owner's tax rate if business taxed as flow-through entity)



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Please Complete Following Information:

Do You Have a Buy-Sell Agreement? _____

(if yes, provide a copy of the agreement)

To Whom do You Intend to Sell?

<input type="checkbox"/>	Family
<input type="checkbox"/>	Key Employee
<input type="checkbox"/>	Third Party
<input type="checkbox"/>	Co-Owner

Type of Business Entity:

<input type="checkbox"/>	C Corporation
<input type="checkbox"/>	S Corporation
<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other: LLC

Total Number of Employees:

<input type="checkbox"/>	1-9
<input type="checkbox"/>	10-50
<input type="checkbox"/>	50-200
<input type="checkbox"/>	201-500
<input type="checkbox"/>	501+

Number of Business Owners:

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4+

For Business Valuation Please Provide:
(either/or)

Three Years of Income Statements / Balance Sheets
Three Years of Company Tax Returns

Professional Advisors:

Attorney:

Accountant:

Banker:

Investment Advisor:

Name	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner/Key Employee Census

Name/Title	Date of Birth	Tobacco	Sex	Risk Class	Ownership %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(if more than four names, please attach additional sheet)

PLEASE FAX/SEND COMPLETED QUESTIONNAIRE TO:

Owner Only Benefits LLC

866.861.9130 (fax)

buysell@owneronlybenefits.com