



Business Priority Planning Review

A Brief Overview of Your Business Plans and Priorities

Prepared for:

Table of Contents

Business Information.....2
 Owner Information.....2
 Business Planning Profile.....2
 Financial and Benefit Information.....3
 Business Planning Priorities4
 Personal Planning Priorities4
 Introductions5

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A Registered Investment Advisor

Business Information

Business Name: _____
 Address: _____

 (City, State and Zip)
 Phone Number: _____ Fax Number: _____
 E-Mail Address: _____ Web Site: http:// _____
 Type of Business: Sole Proprietorship S-Corporation
 Partnership P-Corporation
 Corporation Limited Liability Company

Date Business Established: _____
 Products/ Services Provided: _____

Owner Information

	Name	Title	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Business Planning Profile

Please check the boxes that reflect your current planning.

Yes **No** **?**

I know who will continue to operate my business in the event I die or become disabled.

My income is protected in the event I am sick or hurt and cannot work.

My estate has sufficient liquid assets to protect the value of my business at my death.

Income to my family is assured in the event of my death.

I know the financial impact on my business if a key employee terminates employment or dies.

I have a plan in place to repay business loans in the event of my death.

My business has sufficient resources to pay overhead expenses if I am sick or hurt and unable to work.

I have reviewed my employee benefit program in the last two years.

I maximize my annual tax-favored plan contributions.

My business uses selective employee benefits to attract and retain key employees.

I use business dollars to satisfy my personal financial security needs.

My employees and I are fully covered for health care costs, including the costs of long-term care.

I am satisfied with my current retirement plan.



Financial and Benefit Information

Assets

Less than \$100,000	\$1,000,000 - \$2,500,000	\$2,500,000 - \$5,000,000
\$100,000 - \$500,000	\$500,000 - \$1,000,000	More than \$5,000,000

Liabilities

Less than \$50,000	\$250,000 - \$500,000	\$1,250,000 - \$2,500,000
\$50,000 - \$250,000	\$500,000 - \$1,250,000	More than \$2,500,000

Annual Business Earnings

Current Year Estimate: _____

Last Year: _____

Average Annual Earnings (estimate): _____

Predictability of Business Earnings

Are business earnings:

Predictable	Somewhat Predictable	Unpredictable
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Current Employee Benefit Plans

Health insurance	Long-term care insurance
Dental insurance	401(k) plan
Group life insurance	Other employer-sponsored retirement plan
Disability insurance	Selective employee benefits
Date of Last Employee Benefit Plan Review: _____	Other: _____
	Other: _____

Current Business Life Insurance

Less than \$50,000	Reason(s) Purchased:
\$50,000 to \$150,000	_____
\$150,000 to \$500,000	_____
More than \$500,000	_____



Business Planning Priorities

Please check all items you are interested in discussing.

A plan to continue or dispose of my business interest in the event of my death or disability.

A review of my current business continuation planning.

Ways to protect my income if I die or become disabled.

Selective benefit plans that can be used to attract and retain key employees.

How to pay for business overhead expenses if I am sick or hurt and cannot work.

A review of existing employee benefit plans.

Better use of tax-favored retirement plans.

How business loans can be paid off at my death.

Use of business dollars to satisfy my personal financial security needs..

Personal Planning Priorities

Please check any items of interest or concern.

A financial analysis

Planning for retirement

How to pay estate taxes

Ways to protect my family's lifestyle

Mortgage protection coverage

Insurance on myself

Tax-favored investments/annuities

Protecting against the costs of long-term health care

Insurance on my spouse

Insurance on my children/grandchildren

Methods of charitable giving

A systematic savings plan

Existing policy review

Other pertinent information:

Are you aware that your business may be able to help satisfy many of these personal planning priorities?



Introductions

Others you feel might benefit by completing a Business Priority Planning Review...

Name

Telephone Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you for completing the Business Priority Planning Review!

Would you like an introductory phone call?

Return this Priority Review by fax to 805-830-1138 or by email to cfp@indfin.com; we'll be in-touch!

NOTES...

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, neither VSA, L.P. nor The National Underwriter Company is engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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