

Financial needs Needs Analysis for Professionals & Business Owners



Peters Wealth
Management

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Basic information about the business:

Business name: _____ Registration number (federal/provincial): _____

Line of business: _____

Address: _____ Authorized person: _____

Phone: _____ Date established (MM/DD/YYYY): _____ MM/DD/YYYY

Date of last capital reorganization and reason (MM/DD/YYYY): _____ MM/DD/YYYY

Fiscal year-end (MM/DD/YYYY): _____ MM/DD/YYYY Type of business: ☐ Operations ☐ Management

Legal structure: ☐ Sole proprietorship ☐ Trust ☐ Partnership ☐ Corporation

Number of employees: _____ Number of paid hours: _____ Fair Market Value (FMV): _____

Tax expert: _____ Phone: _____

Accountant: _____ Phone: _____

Legal advisor: _____ Phone: _____

Future development plans: ☐ Growth _____ % annually ☐ Stability ☐ Downsizing

Future projects: _____

Financial overview:

Year	Sales revenue	Net profit/loss before taxes	Assets	Liabilities

Key persons:

Name: _____	Name: _____
Date of birth (MM/DD/YYYY): _____ MM/DD/YYYY	Date of birth (MM/DD/YYYY): _____ MM/DD/YYYY
<input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker
Salary (annual): _____	Salary (annual): _____
Title: _____	Title: _____
Would the prolonged absence of this person have an impact on the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would the prolonged absence of this person have an impact on the business? <input type="checkbox"/> Yes <input type="checkbox"/> No

Basic information:

Partnership

Is there a partnership agreement?

☐ Yes ☐ No Date (MM/DD/YYYY): MM/DD/YYYY

Is there a signed agreement binding the partners?

☐ Yes ☐ No Date (MM/DD/YYYY): MM/DD/YYYY

Corporation

Incorporation date (MM/DD/YYYY): MM/DD/YYYY

Corporation type: ☐ Private ☐ Public

If a private corporation, does it qualify as a small business corporation (SBC)?

☐ Yes ☐ No

Is there a signed shareholder agreement?

☐ Yes ☐ No Date (MM/DD/YYYY): MM/DD/YYYY

Has it been amended?

☐ Yes ☐ No Date (MM/DD/YYYY): MM/DD/YYYY

Has there been a share capital reorganization?

☐ Yes ☐ No

Reason: _____

Is the value of any subsidiaries included in the FMV?

☐ Yes ☐ No FMV of subsidiaries: _____

Trust

Trust type: _____

Settlor: _____

Trustee: _____

Successor Trustee: _____

Beneficiaries: _____

Activities/purpose: _____

Partner/Shareholder information:

	Partner/Shareholder 1	Partner/Shareholder 2	Partner/Shareholder 3
Name:	<hr/>	<hr/>	<hr/>
Date of birth (MM/DD/YYYY):	<hr/> MM/DD/YYYY	<hr/> MM/DD/YYYY	<hr/> MM/DD/YYYY
Smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Partner/shareholder since (MM/DD/YYYY):	<hr/> MM/DD/YYYY	<hr/> MM/DD/YYYY	<hr/> MM/DD/YYYY
Title:	<hr/>	<hr/>	<hr/>
General state of health:	<hr/>	<hr/>	<hr/>
At what age or in how many years do you expect to permanently retire from the business ? (e.g. in 10 years, 20 years, at age 65, 75 or other)	<hr/>	<hr/>	<hr/>

If there is a signed shareholder/partnership agreement:

At what age do you expect a share/ interest purchase or redemption:	<hr/>	<hr/>	<hr/>
Is there a purchase/redemption clause in the case of:			
• Death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Critical illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Detailed information about interests in partnership

% ownership:	<hr/>	<hr/>	<hr/>
Share of profits (%):	<hr/>	<hr/>	<hr/>
Current capital (\$):	<hr/>	<hr/>	<hr/>
Average annual withholding:	<hr/>	<hr/>	<hr/>

Detailed information about interests in the corporation

	Shareholder 1	Shareholder 2	Shareholder 3
COMMON SHARES			
%:			
Value:			
Adjusted cost basis:			
Paid-up capital:			
PREFERRED SHARES			
%:			
Value:			
Adjusted cost basis:			
Paid-up capital:			
Loan to corporation:			
Loan by corporation:			
Would the prolonged absence of the shareholder have an impact on the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount:			

Inform insurance:

Policyowner	Insured	Insurer	Face amount	Type (Life, CI, Dis.)	Coverage (term/perm.)	Beneficiary

Additional documents provided:

☐ Partnership/Shareholder agreement
 ☐ Insurance contract
 ☐ Financial statements
 ☐ Organization chart
 ☐ Partnership agreement
☐ Trust deed of gift
☐ Other: _____
☐ Other: _____
☐ Other: _____

Insurance objectives and needs (indicate all that apply):

	Life insurance	Critical illness insurance
1. Financing of share/interest purchase or redemption	<input type="checkbox"/>	<input type="checkbox"/>
2. Security by shareholder/partner to a debtor	<input type="checkbox"/>	<input type="checkbox"/>
3. Debts and other commitments	<input type="checkbox"/>	<input type="checkbox"/>
4. Financial impact of a prolonged absence of shareholder/partner/key person	<input type="checkbox"/>	<input type="checkbox"/>
5. Planned gift (donation)	<input type="checkbox"/>	N/A
6. Other investment strategies	<input type="checkbox"/>	<input type="checkbox"/>

Other relevant information

To the best of my knowledge, the above information is accurate and consistent with my situation.

In witness whereof I have signed at (place): _____



Client's signature (optional)

Date: _____ MM/DD/YYYY

I hereby undertake to maintain the confidentiality of the contents of this document, which cannot be disclosed without the express consent of the client.



(Life and health insurance advisor's signature)¹

¹ The life and health insurance advisor is formally known as a financial security advisor in Quebec and as a life insurance agent in Ontario.

Financial needs analysis for business owners: Life insurance

Insureds' names: _____

1. Financing of share/interest purchase or redemption

Value of common shares/interests
for the purpose of
purchase/ redemption¹:

+ \$ _____ \$ _____ \$ _____

Estimated projected increase in
value (proof required)

+ \$ _____ \$ _____ \$ _____

Value of preferred shares:

\$ _____ \$ _____ \$ _____

Total: = \$ 0 \$ 0 \$ 0 ①

¹ Value obtained from the inforce agreement or estimated by the client. If the estimated value is entered here, it will be used for the analysis.

2. Security by shareholder/partner

Total amount committed: \$ _____ \$ _____ \$ _____ ②

3. Debts and other commitments

Payables: \$ _____ \$ _____ \$ _____

Financial lease: + \$ _____ \$ _____ \$ _____

Commercial lease: + \$ _____ \$ _____ \$ _____

Penalty for breach of contract: + \$ _____ \$ _____ \$ _____

Related party transactions: + \$ _____ \$ _____ \$ _____

Loans: + \$ _____ \$ _____ \$ _____

Other: + \$ _____ \$ _____ \$ _____

Other: + \$ _____ \$ _____ \$ _____

Other: + \$ _____ \$ _____ \$ _____

Total: = \$ 0 \$ 0 \$ 0 ③

4. Financial impact of a prolonged absence of a shareholder/partner/key person

Impact on balance sheet

Loss of assets:		\$ _____	\$ _____	\$ _____
Additional liabilities:	+	\$ _____	\$ _____	\$ _____

Impact on results

Loss of income:	+	\$ _____	\$ _____	\$ _____
Recruiting costs:	+	\$ _____	\$ _____	\$ _____
Compensation for replacement:	+	\$ _____	\$ _____	\$ _____
Training and replacement costs and loss of income:	+	\$ _____	\$ _____	\$ _____
Additional expenditures:	+	\$ _____	\$ _____	\$ _____
Additional expenditures:	+	\$ _____	\$ _____	\$ _____

Total:	=	\$ 0	\$ 0	\$ 0	④
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5. Planned gift

Planned gift amount:	\$ _____	\$ _____	\$ _____	⑤
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6. Other investment strategies (proof required)

Life insurance needed:	\$ _____	\$ _____	\$ _____	⑥
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Please specify:	_____	_____	_____	
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7. Total life insurance needed

① + ② + ③ + ④ + ⑤ + ⑥ =				
Total:	\$ 0	\$ 0	\$ 0	⑦

8. Cash and inforce insurance

Cash on hand:	\$ _____	\$ _____	\$ _____		
Inforce insurance:	+	\$ _____	\$ _____	\$ _____	
Total:	=	\$ 0	\$ 0	\$ 0	⑧

9. Estimated amount of additional life insurance needed

⑦ - ⑧ =				
Total:	\$ 0	\$ 0	\$ 0	⑨

Financial needs analysis for business owners: Critical illness insurance

Insureds' names: _____

1. Financing of share/interest purchase or redemption

Value of common shares/interests
for the purpose of
purchase/redemption¹:

+ \$ _____ \$ _____ \$ _____

Estimated projected increase in
value (proof required)

+ \$ _____ \$ _____ \$ _____

OR

Value of preferred shares:

\$ _____ \$ _____ \$ _____

Total: = \$ 0 \$ 0 \$ 0 ①

¹ Value obtained from the inforce agreement or estimated by the client. If the estimated value is entered here, it will be used for the analysis.

2. Security by shareholder/partner

Total amount committed: \$ _____ \$ _____ \$ _____ ②

3. Debts and other commitments

Payables: \$ _____ \$ _____ \$ _____

Financial lease: + \$ _____ \$ _____ \$ _____

Commercial lease: + \$ _____ \$ _____ \$ _____

Penalty for breach of contract: + \$ _____ \$ _____ \$ _____

Related party transactions: + \$ _____ \$ _____ \$ _____

Loans: + \$ _____ \$ _____ \$ _____

Other: + \$ _____ \$ _____ \$ _____

Other: + \$ _____ \$ _____ \$ _____

Other: + \$ _____ \$ _____ \$ _____

Total: = \$ 0 \$ 0 \$ 0 ③

4. Financial impact of a prolonged absence of a shareholder/partner/key person

Impact on balance sheet

Loss of assets:	+	\$	\$	\$
Additional liabilities:	+	\$	\$	\$

Impact on results

Loss of income:	+	\$	\$	\$
Recruiting costs:	+	\$	\$	\$
Compensation for replacement:	+	\$	\$	\$
Training and replacement costs and loss of income:	+	\$	\$	\$
Additional expenditures:	+	\$	\$	\$
Additional expenditures:	+	\$	\$	\$
Total:	=	\$ 0	\$ 0	\$ 0 (4)

5. Total critical illness insurance needed

(1) + (2) + (3) + (4) =

Total:	\$ 0	\$ 0	\$ 0 (5)
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6. Cash and inforce insurance

Cash on hand:	+	\$	\$	\$
Inforce insurance:	+	\$	\$	\$
Total:	=	\$ 0	\$ 0	\$ 0 (6)

7. Estimated amount of additional critical illness insurance needed

(5) - (6) =

Total:	\$ 0	\$ 0	\$ 0 (7)
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Appendix

Additional notes

Organization chart

Legal structure of businesses