

BUSINESS OWNER QUESTIONNAIRE

Company Name	
Description	

1. How do you own your business?

a) Is your business incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do you and/or your spouse own 100% of your business directly or indirectly (e.g. through a Holding Company or Trust)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) If you and/or your spouse do not own 100% of your business directly or indirectly, who is ownership shared with? <i>(check all that apply)</i>	<input type="checkbox"/> Children <input type="checkbox"/> Other family members <input type="checkbox"/> Unrelated partner(s)
d) Is there a Holding Company as part of your business structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Is there a Family Trust as part of your business structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Have you done an estate freeze of your shares?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

2. Do you know what your business is worth?

a) What is the estimated value of your business?	<input type="checkbox"/> Under \$500,000 <input type="checkbox"/> \$500,000 – \$1MM <input type="checkbox"/> \$1MM – \$5MM <input type="checkbox"/> \$5MM – \$10MM <input type="checkbox"/> Over \$10MM
b) Do you have a current business valuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Does your business value include real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) What is the estimated annual profit of your business?	<input type="checkbox"/> Under \$200,000 <input type="checkbox"/> \$200,000 – \$500,000 <input type="checkbox"/> \$500,000 – \$1MM <input type="checkbox"/> Over \$1MM

myGPS™ BUSINESS OWNER QUESTIONNAIRE

3. What happens if there is an unexpected tragedy?

a) Do you have an up-to-date Will that ensures your business is left to those that you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do you have a Shareholder's/Partnership Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Do you have life insurance coverage? (check all that apply)	<input type="checkbox"/> Owned personally <input type="checkbox"/> Owned by business <input type="checkbox"/> Group plan <input type="checkbox"/> Yes <input type="checkbox"/> No
d) Do you have critical illness insurance coverage? (check all that apply)	<input type="checkbox"/> Owned personally <input type="checkbox"/> Owned by business <input type="checkbox"/> Group plan <input type="checkbox"/> Yes <input type="checkbox"/> No
e) Do you have disability insurance coverage? (check all that apply)	<input type="checkbox"/> Owned personally <input type="checkbox"/> Owned by business <input type="checkbox"/> Group plan <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Have you considered your exit options?

a) When would you like to exit your business?	<input type="checkbox"/> Within 1 year <input type="checkbox"/> Within 5 years <input type="checkbox"/> Within 10 years <input type="checkbox"/> After 10 years <input type="checkbox"/> Not yet decided
b) Who will you transition your business to?	<input type="checkbox"/> Children (equal interest amongst all children) <input type="checkbox"/> Children (disproportionate interest amongst children) <input type="checkbox"/> Your business partner <input type="checkbox"/> Management <input type="checkbox"/> Key employee <input type="checkbox"/> Third party buyer <input type="checkbox"/> Wind down <input type="checkbox"/> Not yet decided

5. What does your retirement look like?

a) Do you have a financial plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
b) Do you plan to stay involved in the business after transition?	<input type="checkbox"/> Yes –temporarily <input type="checkbox"/> Yes – ongoing <input type="checkbox"/> No <input type="checkbox"/> Not yet decided