

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Your Family Bank Business

Your Company Name

**Please submit completed form to:**

Your email @ your email

(123) 456-7890 Fax (888) 456-7890

### Business Information

Business Name: \_\_\_\_\_ Entity Type: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_

### Business Cash Flow Information

Annual Cash Flow: \$ \_\_\_\_\_ Max Monthly: \$ \_\_\_\_\_ Min Monthly: \$ \_\_\_\_\_

Business Reserves On Hand: \$ \_\_\_\_\_ Line of Credit:  Yes  No Amount: \$ \_\_\_\_\_

Do you pay your bills via LOC or cash flow?  LOC  CF Monthly Salary Takeout: \$ \_\_\_\_\_

Do you expect a significant change in cash flow in the near future?  Yes  No

### Business Debts

Please list any debts owed by the business outside Line of Credit

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

Business Retirement Plan – List Type ( 401k, SEP, SIMPLE, KEOUGH, Profit Sharing, etc

Is there a Retirement Plan in place at the business?  Yes  No If so what type? \_\_\_\_\_

If Yes above, is the plan for owners only or does it include employees? \_\_\_\_\_

Personal Monthly Contribution: \_\_\_\_\_ Any company match for owner or employees? \_\_\_\_\_

Investment Accounts Outside the Business: Non-Qualified Accounts, Qualified Accounts, Savings

Financial Institution	Account Type	Account Value	Monthly Contribution	Int %	Available YFB
_____	_____	_____	_____	___	__ Y __ N
_____	_____	_____	_____	___	__ Y __ N
_____	_____	_____	_____	___	__ Y __ N
_____	_____	_____	_____	___	__ Y __ N
_____	_____	_____	_____	___	__ Y __ N

Owner Life Insurance In Force

General Health: \_\_\_\_\_

Tobacco User: \_\_\_\_\_ Other Insurables: \_\_\_\_\_

Permanent or Term

Premium: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Permanent or Term

Premium: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Permanent or Term

Premium: \$ \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Other Business Assets Not Listed: \_\_\_\_\_

\_\_\_\_\_

## Debt Related

Please list any outstanding debts other than mortgages

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

## Current Concerns

- Estate Planning
- Wills/Trust
- Asset Protection
- Providing for children's or grandchildren's education
- Creating your own Family Bank
- Controlling Spending
- Eliminating Debt
- Reducing Taxes
- Maximizing Savings

Future Expenditures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_