

VALENTI AND ASSOCIATES

WEALTH MANAGEMENT

A PERSONAL FINANCIAL CHECKUP

The following 13 questions are intended to alert you to potential risks against which you may not be adequately protected.

Please check the appropriate boxes and include any necessary information.

Name: _____ Day Phone: _____
Address: _____ Evening Phone: _____
City: _____ State: _____ Zip: _____

I am interested in getting more information about:

- Yes No 1. Tax-favored financial products.
 - Yes No 2. A consultation to review my existing investment portfolio.
 - Yes No 3. Ways to help fund estate tax liability and expenses.
 - Yes No 4. Ways to continue income if disabled.
 - Yes No 5. Ways to provide supplemental income for my retirement.
 - Yes No 6. Ways to provide supplemental educational funds.
 - Yes No 7. Ways to accumulate more money.
 - Yes No 8. A review of all my existing insurance.
 - Yes No 9. Ways to provide for my family in the event of death.
 - Yes No 10. Life insurance to help pay off mortgage.
 - Yes No 11. Life insurance on spouse/partner.
 - Yes No 12. Life insurance on children/grandchildren.
13. Other (specify) _____

Would you be interested in attending any of the following educational programs?

- Business Killers: Avoiding the 6 Mistakes That Can Destroy Your Business And Your Future
- Family Matters: Preserving the Family- Owned Business
- Long Term Care: Strategies to Protect Assets in Light of the Potential Overwhelming Cost of Care
- Common Estate Planning Mistakes and How To Avoid Them
- Strategic Uses of Annuities: Strategies for Tax Advantaged Savings and Distribution
- Financial Planning for the High Income Client

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BUSINESS NEEDS ANALYSIS CHECKLIST

You have worked hard to be where you are today. But, is that hard work being protected? Do you feel secure in providing the necessary protection for yourself, your family or your business? Through proper business succession planning you may be able to minimize or eliminate these risks. We understand your unique planning needs and will work with you in formulating a business succession plan which best suits your needs.

The following 8 questions are intended to alert you to potential risks against which you may not be adequately protected.

- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 1. If you or one of your key employees were disabled for a prolonged period from a heart attack or other illness or accident would your and/or their income continue? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 2. Does a plan that you have in place protect your company if you or one of your key employees were to die unexpectedly? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 3. Does a current plan you have in place protect the company if a key employee were to leave? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is there a deferred compensation plan in place to discourage this? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 4. When it is time to transfer ownership of your business (upon your retirement, permanent disability or death) do you know who will acquire it? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | How much will they pay? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | How the price will be determined? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | How the transaction will be funded? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 5. Do you have a buy-sell agreement in writing? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has it been reviewed and updated since the last major tax bill? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 6. Have you determined what provision for your own retirement will be adequate? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | For your key employees? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | For all other employees? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 7. Do you have a written will or trust? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has it been reviewed and updated since the last major tax bill? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 8. Do you have a plan to relieve your estate of any personally endorsed business debt? |

*If you answered "Yes" to all of the questions, **CONGRATULATIONS!***

If you answered "No" to any of the questions, you, your family or your business may be at risk.

*You should be **APPLAUDED** for taking the first step in determining your planning needs. Now take the next step by talking with a Business Succession professional, who will help you in minimizing or eliminating these risks.*

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POLICY AUDIT FORM

AUTHORIZATION FOR INFORMATION

To: _____

Re: Policy # _____

This form authorizes the above to release information necessary to prepare various financial and insurance recommendations for my consideration, as follows:

Current values
Date of issue
Surrender charges
All expenses related to policy
Current beneficiary designation
Current owner
Authorization to discuss annuity options
Future premiums next 10 years

Please forward this information to the address below:

Michigan Financial Companies
Attn: Gary W. Nustad, CLF
28411 Northwestern Hwy., Ste. 1300
Southfield, MI 48034
(248) 827-1300 ext. 147
Fax: (248) 827-7378
Email: gnustad@jhnetwork.com

Thank you.

(Insured)

(Date)

(Owner)

(Date)