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Business Information Report

for

Date: _____

Prepared by: Jeff Thurecht/Marshall Brentnall
Evaesco Financial Services Pty Ltd
Corporate Authorised Representative of
Professional Investment Services Pty Ltd

Business Details

Business Name:			
Trading as:			
Key Contact:			
Structure:	<input type="checkbox"/> Private Company	<input type="checkbox"/> Public Company	<input type="checkbox"/> Other
No of employees:		ABN/ACN:	
Business Activity:			

Contact Details

Business Address:			
Suburb:		State:	
			Postcode:
Postal Address:			
Suburb:		State:	
			Postcode:
Phone:		Fax:	
Mobile:		Email:	

Business Valuation

Financials provided by:	<input type="checkbox"/> Client	<input type="checkbox"/> Accountant	<input type="checkbox"/> Other
Estimated Value:	\$		
Valuation Methodology:	\$		
Gross Annual Turnover:	\$		
Gross Annual Expenses:	\$		
Gross Profit	\$		
Net Profit:	\$		
Total Assets:	\$	Total Liabilities:	\$
Has CGT been quantified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Estimated CGT:	\$		

Proprietors

Proprietor 1

Name:		Position:	
Date of Birth:		Smoker Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Equity:	%	Profit Participation:	%
Equity Owned By:			
Guarantor Cover:	\$	Salary:	\$
Payable on:	<input type="checkbox"/> Death	<input type="checkbox"/> TPD	<input type="checkbox"/> Trauma

Proprietor 2

Name:		Position:	
Date of Birth:		Smoker Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Equity:	%	Profit Participation:	%
Equity Owned By:			
Guarantor Cover:	\$	Salary:	\$
Payable on:	<input type="checkbox"/> Death	<input type="checkbox"/> TPD	<input type="checkbox"/> Trauma

Proprietor 3

Name:		Position:	
Date of Birth:		Smoker Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Equity:	%	Profit Participation:	%
Equity Owned By:			
Guarantor Cover:	\$	Salary:	\$
Payable on:	<input type="checkbox"/> Death	<input type="checkbox"/> TPD	<input type="checkbox"/> Trauma

Proprietor 4

Name:		Position:	
Date of Birth:		Smoker Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Equity:	%	Profit Participation:	%
Equity Owned By:			
Guarantor Cover:	\$	Salary:	\$
Payable on:	<input type="checkbox"/> Death	<input type="checkbox"/> TPD	<input type="checkbox"/> Trauma

Business Insurances

Category	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Super Fund	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Super Fund	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Super Fund	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Super Fund
Purpose	<input type="checkbox"/> Buy/Sell <input type="checkbox"/> Debt Protection <input type="checkbox"/> Keyperson <input type="checkbox"/> Personal	<input type="checkbox"/> Buy/Sell <input type="checkbox"/> Debt Protection <input type="checkbox"/> Keyperson <input type="checkbox"/> Personal	<input type="checkbox"/> Buy/Sell <input type="checkbox"/> Debt Protection <input type="checkbox"/> Keyperson <input type="checkbox"/> Personal	<input type="checkbox"/> Buy/Sell <input type="checkbox"/> Debt Protection <input type="checkbox"/> Keyperson <input type="checkbox"/> Personal
Life Insured				
Policy Owner				
Policy Number				
Insurer				
Type of Cover	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection <input type="checkbox"/> Business Expenses	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection <input type="checkbox"/> Business Expenses	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection <input type="checkbox"/> Business Expenses	<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Trauma <input type="checkbox"/> Income Protection <input type="checkbox"/> Business Expenses
Sum Insured	\$	\$	\$	\$
Benefit Period				
Waiting Period				
Premium	\$	\$	\$	\$
Renewal Date				
Cover to be replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deduction claimed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proprietors Loan Protection

Name	Loan Amount to be paid out	Share of loan (%)	Loan provider	Loan term (yrs)	Interest Rate (%)	Purpose of Loan	Loan to be paid out on
							<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Trauma
							<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Trauma
							<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Trauma
							<input type="checkbox"/> Death <input type="checkbox"/> TPD <input type="checkbox"/> Trauma

Key Employee Details

Employee				
Position				
Date of Birth				
Smoker				
Gender				
Salary				
Method				

Revenue Details

Method 1

Employee				
Lost Income/Revenue				
Recruitment Costs				
Advertising				
Inducements				
Training				
Other				
Temp/Contractors				
Debtor Customer Defaults				
Severance				
Other				
Total Revenue				

Method 2

Employee				
Gross Revenue				
Less Gross Expenses				
Gross Profit				
Remuneration of all key people				
Remuneration of this key person				
Other costs				
Value of the key person				
Death				
TPD				
Trauma				

Capital Details

Employee				
Loss of Goodwill				
Ex-Gratia Payment				
Other				
Total Capital				
Death				
TPD				
Trauma				

Notes

Employee				
Main Responsibilities				
Special Knowledge				

Business Succession Details

Does a business succession agreement exist?

Yes

No

If yes, date of signing

Has the agreement been reviewed?

Yes

No

If yes, date last reviewed

If no

Is the certainty of equity payout to the outgoing proprietor important?

Yes

No

If something were to happen to the business owner(s) what would be the most likely outcome?

Liquidate

Retain within the family

Sell as a going concern

Sell to existing proprietor(s)

Should a proprietor suffer any triggering event who will be responsible for any liabilities?

Yes

No

Will the surviving proprietor(s) assume liability for any business debt?

Yes

No

Will the outgoing proprietor(s) be expected to pay out their share of debt?

Yes

No

How do you anticipate funding the triggering events for your business protection?

Insurance

Self Funding

External Debt

Vendor Finance

Employee buy-in-programme

Are the various funding mechanisms up to date?

Yes

No

How often are they reviewed?

Have the proprietor(s) personal wills been reviewed in the context of your business succession arrangements?

Yes

No

Do all proprietor(s) have enduring power of attorneys in place?

Yes

No

Confidential Release

I/We agree to the exchange of documents and information relating to our affair between:

Advisers:

Others:

Client Declaration:

I/We understand that any report, discussion paper or advice given to me will be based on the information I/We have provided either in this document or accompanying this document.

I/We understand the accuracy or relevance of any response will be dependant on the quality of the information I/We have provided.

Client Name	Signature	Date
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Adviser Declaration:

I declare that the information contained in the business protection and succession form is an accurate and complete record of the information obtained from the client(s).

Signature: _____

Date: _____

Name: Jeff Thurecht/Marshall Brentnall