

Time out

Confidential

Client: _____

Representative: _____

Date: _____

Business division



1 – Information

Name of business _____

Address _____

Type(s) of activity conducted _____

Type of business Sole-proprietorship Corporation Company

End of financial year _____

If business is incorporated, for how long? _____

Type of company Public Private

Names of shareholders 1. _____ 2. _____

Date of birth _____

Percentage of ownership _____ % _____ %

Number of shares _____

Preferred shares _____

Subscription _____

Value \$ _____ \$ _____

Loans	To the company	By the company	To the company	By the company
Initial investment (ACB)	_____	\$ _____	_____	\$ _____
Current value (FMV)	_____	\$ _____	_____	\$ _____
Annual interest rate	_____ %	_____ %	_____ %	_____ %

Business eligible for the capital gains exemption? Yes No Yes No

Did you perform tax crystallization in 1994? Yes No Yes No

Was the capital gains exemption for small businesses used? Yes No Yes No

If so, what amount was used? \$ _____ \$ _____

2 — Objective at death

In the event of death, your business is to be :

Kept Sold

Kept by whom?

Name _____

Address _____

Tel. no. _____

Sold to whom?

Name _____

Address _____

Tel. no. _____

What will be the source of funds?

(Specify)

Is there a sale/purchase agreement?

Yes No

If yes, provide the names and dates of birth of all parties involved.

Name _____

Date of birth _____

Name _____

Date of birth _____

Does the business have a life insurance policy for any of its shareholders or key employees?

Yes No

If yes, provide the insured(s) name(s), date(s) of birth and insurance amount(s).

Name _____

Date of birth _____

Amount _____

Name _____

Date of birth _____

Amount _____



3 — Objective at death

When you retire, your business will be::

Kept Sold

Kept by whom?

Name _____

Address _____

Tel. no. _____

Sold to whom?

Name _____

Address _____

Tel. no. _____

What will be the source of funds?

(Specify)

Is there a sale/purchase agreement?

Yes No

If yes, provide the names and dates of birth of all parties involved.

Name _____

Date of birth _____

Name _____

Date of birth _____

Does the business have a life insurance policy for any of its shareholders or key employees?

Yes No

If yes, provide the insured(s) name(s), date(s) of birth and insurance amount(s).

Name _____

Date of birth _____

Amount _____

Name _____

Date of birth _____

Amount _____

4 — Notes

1 — Informations

	Property 1	Property 2
Type (ex.: apartment units)	<hr/>	<hr/>
Address	<hr/>	<hr/>
Acquisition date	<hr/>	<hr/>
If you are a co-owner, what percentage do you own?	<hr/> %	<hr/> %
If the property is jointly owned, is it subject to a sale/purchase agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this agreement covered by an insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for what amount?	<hr/> \$	<hr/> \$
Land purchase price	<hr/> \$	<hr/> \$
Property purchase price	<hr/> \$	<hr/> \$
Land fair market value	<hr/> \$	<hr/> \$
Property fair market value	<hr/> \$	<hr/> \$
Costs for major repairs (that were not claimed as current expenditures)	<hr/> \$	<hr/> \$
Accumulated capital cost allowance according to your most recent income tax return	<hr/> \$	<hr/> \$
Mortgage balance	<hr/> \$	<hr/> \$
Mortgage term	<hr/> years	<hr/> years
Interest rate	<hr/> %	<hr/> %
Is the mortgage insured in case of death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the mortgage insured in case of disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In case of death, will the property(ies) go to your heir(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you perform tax crystallization in 1994?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, for what amount?	<hr/> \$	<hr/> \$
Gross rental income	<hr/> \$	<hr/> \$
Net rental income	<hr/> \$	<hr/> \$

2 — Objective at death

In the event of death, your property is to be:

Kept Sold

Kept by whom?

Name _____

Address _____

Tel. no. _____

Sold to whom?

Name _____

Address _____

Tel. no. _____

3 — Objective at retirement

At what age do you plan to retire?

What gross annual income will you require at retirement (in current dollars)?

For how many years must this income be guaranteed?

When you both retire, your property is to be:

Kept Sold

Kept by whom?

Name _____

Address _____

Tel. no. _____

Sold to whom?

Name _____

Address _____

Tel. no. _____

Signatures

Date

Y	Y	Y	Y	M	M	D	D

Agent _____

Client _____





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