

Chapter 2 Checklist

The One Way Out Planning Process

Questions—"Am I OK?"

What are your major life goals (retirement, travel, career, and leisure goals)?
What are your planned sources for retirement income? Have you stress-tested them to
make sure you won't outlive them? (Have you assumed different assumptions for inflation
tax rates, rates of return, and life expectancy?)
Have you prepared some type of forecasting tool, such as a financial independence mode
to prepare for the future? When was it last updated to reflect recent changes in the
markets? Consider changes to your:
 Assets (growth and income assumptions)
☐ Liabilities (interest rate and terms)
□ Sources of income
☐ Uses of income
☐ Income taxes (current and future)
☐ Inflation assumptions
☐ Specific objectives, i.e., cost of children's education, long-term care of parents,
etc.
Financial independence means different things to different people; how do you define it?
□ For you
☐ For your spouse
☐ For your children
Have you followed a comprehensive, holistic process to defend your business and personate
wealth and determine your One Way Out, or is it piecemeal, fragmented, and lacking
coordination?
Is your plan in writing?
When was your plan last updated? Does it consider and react to all of the recent tax law
changes?
Does your plan address and answer all of the threats to your personal wealth, including
the following?
☐ Financial independence?
☐ Income tax reduction
□ Retirement planning
☐ Disability (the effects of sickness or injury)
□ Long-term care
Defensive investment strategies Has anyone ever tested your portfolio for its
probability of success



	☐ Extended life expectancy and the need for your investments to last longer			
	☐ Inflation and loss of purchasing power			
	□ Property and casualty exposure			
	☐ Financial support needs of family members who depend on you			
	What are your greatest fears concerning achievement and maintenance of your financial			
	independence?			
	Where do you plan to be financially in five years?			
	What are your three major financial priorities? Why?			
	When do you plan to accomplish these priorities? How?			
	What's keeping you up at night? Any financial concerns or opportunities (anything goes here)?			
	How have your overall financial needs changed as a result of recent economic turmoil?			
	Time horizon: When do you want to exit from your business and become more liquid?			
	How have your current or future income needs changed?			
	Has your tolerance for risk changed?			
	What is going on with you and your family List recent and expected significant events or			
	changes in situation for you, your spouse, children, parents, grandchildren, and others?			
	Have any significant financial events occurred or are they likely to occur soon? A significant			
	inheritance? A sale of your home, business, or other major asset?			
	What techniques are you using to help reduce your income tax exposure?			
	How have you planned to pay for the cost of long-term care for yourself, your spouse, or			
	other family members?			
Docui	ment Audit			
Documents Needed for Business Owner Planning				
1. Fina	ncial Information			
	Corporate financial statements (3 years plus interim) – balance sheet, income statement			
	and statements of cash flows			
	Capital expenditure projection schedule, if applicable			
	Recent (within 1 year) business valuations, if any			
2. Thre	ee Most Recently Filed Income Tax Returns with K-1s			
	Corporate income tax return (1120 or 1120s)			
П	Partnership income tax return (1065)			
	Personal income tax return if a disregarded entity (1040)			
3. Exec	cutive Compensation Information			



		Census of key people (name, DOB, position, start date, salary, bonus, ownership percentage, if any)
		Employment contract
		Deferred compensation agreement
		Description of any verbal agreement
		Description of any special perks
4.	Insu	rance Policies (copy of contract or most recent statement)
		In-force ledgers or authorization to request information
		Corporate or entity-owned life insurance
		IRS sec. 101(j) notice and consent compliance history, if applicable
		Shareholder-owned life insurance (cross purchase or other purpose)
		Disability buy-out insurance
		Disability carve-out insurance
5.	Emp	oloyee Benefit Information (Plan Descriptions and Statements)
		Employee census
		ERP-IRA or Simple IRA
		401(k)
		Profit sharing plan
		Stock options/grants
		Defined benefit summary plan description
		Long-term care insurance (group or personal)
		Group coverages (life, LTD, STD, health, dental)
6.	Agre	eements
		Buy/sell agreement
		Partnership agreement (with listing of assets owned)
		Articles of organization, if buy/sell provisions are present
		Stock option/grant agreement
		Salary continuation agreement
		Operating agreements