

**Financial Confidence Advisors** 

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## **BUSINESS CONTINUITY INSTRUCTIONS**

THE FOLLOWING PEOPLE CAN BE GIVEN RESPONSIBILITY TO CONTINUE AND TO SUPERVISE THESE ACTIVITIES: **Business Operations:** Sales Operations: Financial Decisions: Internal Administration: UPON MY DEATH OR PERMANENT INCAPACITY, THE COMPANY SHOULD BE: Continued Liquidated or Sold to an outside third party. (If yes, complete the section below) Sold to employees, specifically: How will they fund it: Transferred to family members; specifically: As guidance, I suggest that: An acceptable price range would be between \$\_\_\_\_\_ and \$\_\_\_\_ A minimum price range would be \$\_\_\_\_\_ You secure a valuation from: You ask\_\_\_\_\_\_\_to recommend a valuation specialist If I have indicated that a sale is appropriate, below are names of people/companies that have expressed interest or who I believe would be interested in acquiring the company: Has expressed interest I think may be interested Name Company Name Has expressed interest I think may be interested Name Company Name

People who have been given authority:		
Power of Attorney -		
Representation Agreement -		
Signing Authority on banking		_
Executor -		
Other -		
Location of specific documents:		
Current Will -		
Shareholders Agreement		
Trust Agreement(s) -		
Employment Agreement(s) -		
Other		
Other		
Are any key employees flight risks if I die?  If yes, indicate who:  Where will my spouse and/or family's income come from		
If I become disabled or deceased, will the employee benefits continue for my spouse?	☐ Yes	□ No
If I become disabled, will my employee benefits and salary continue?	☐ Yes	□ No
If yes, how will it be funded:		
OTHER SPECIFIC AREAS TO ADDRESS:		

## THE FOLLOWING PEOPLE CAN BE CONTACTED IN REGARDS TO THE BUSINESS: **Decision makers within the family:** Name & Relationship Subject Contact Information Consult the following professional advisors: Advisor Name & Company Name Type of Advisor Phone Number Advisors Name & Company Name Type of Advisor Phone Number Advisor Name & Company Name Type of Advisor Phone Number Advisor Name & Company Name Type of Advisor Phone Number Advisor Name & Company Name Type of Advisor Phone Number IN WITNESS WHEREOF, THESE INSTRUCTIONS OUTLINE MY WISHES FOR THE COMPANY OR **COMPANIES LISTED BELOW:** Print Corporation Legal Name(s) Signature & Title of Business Owner Date Signature of Witness

By answering the questions outlined above, you will begin formalizing your business continuity instructions. This is not a legal document, take this information to your professional advisor(s) who can assist you to ensure your wishes are respected.