



FAMILY ASSETS FOR
INDEPENDENCE
IN MINNESOTA

Business Plan Approval Form

Name of FAIM Saver: _____

Name of Saver's Business: _____

I, _____, have reviewed my business plan with the organization named below. I agree that the approved business plan describes how I will use my FAIM account funds, including savings and match. I believe that the organization named below gave me advice in good faith. I will not hold the institution liable if my business is not as successful as planned.

Signature of FAIM account holder

Date

Organization: _____

Mailing Address: _____

Contact Name and Title: _____

Phone Number: (_____) _____ Email: _____

I, _____, have reviewed the business plan for the above-named saver and business. I have given the saver my recommendations for their five-year plan. The saver and I have reached a conclusion on the best use of their FAIM savings dollars for return on investment, and I would recommend the costs as listed in the business plan.

Signature of reviewer

Date