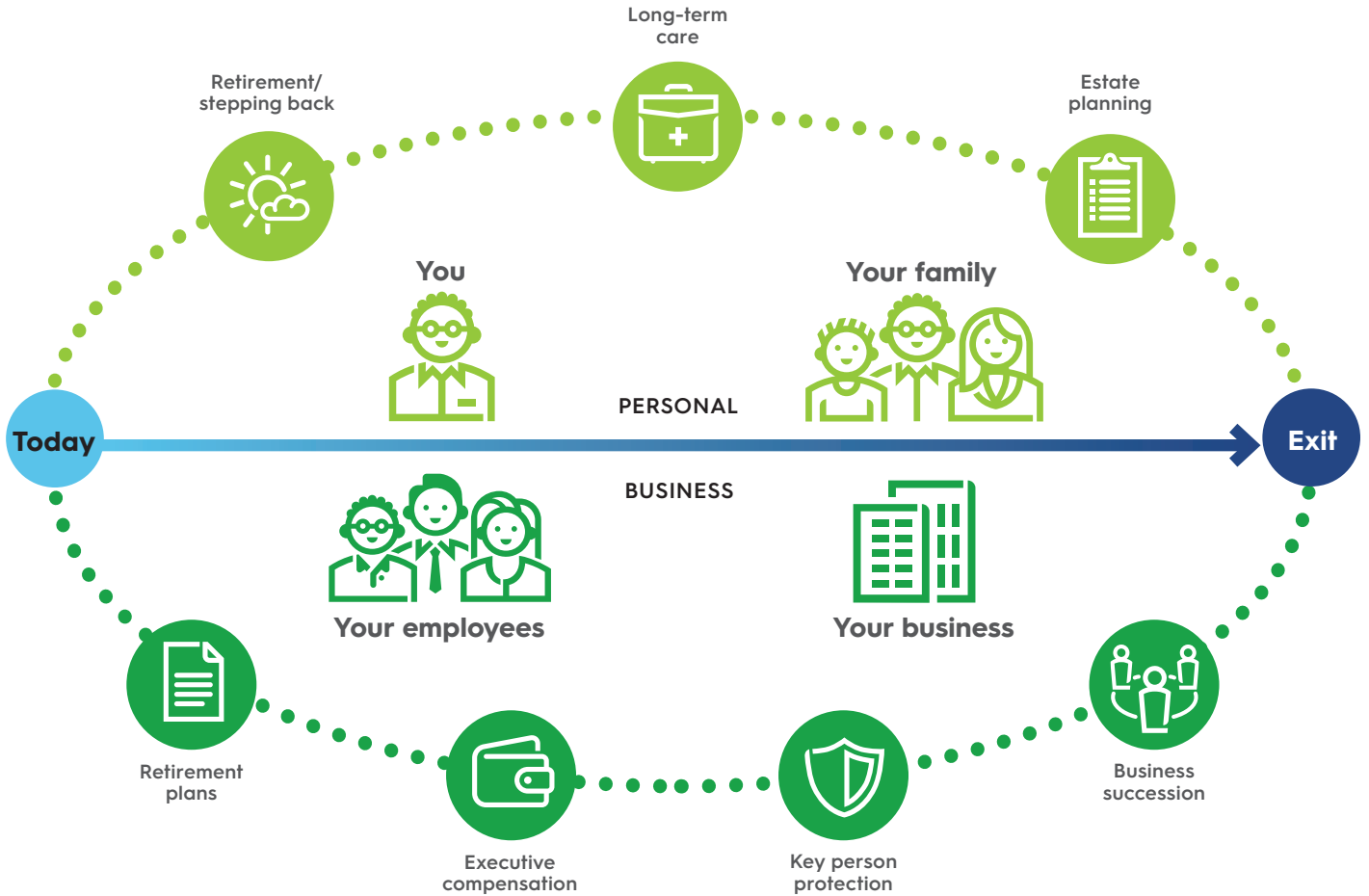


**INITIAL FACT FINDER**

**Business Owners Life-stage Design (BOLD)**

Your name: \_\_\_\_\_ Business name: \_\_\_\_\_



Please answer the questions below. Then rank each answer by their importance to you.  
 (1 = most important; 7 = least important)

Stakeholder	Objective	Answer	Ranking of importance
Personal	<b>Retirement/Stepping back</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you saved enough to maintain your lifestyle and become independent of the business?		
	<b>Long-term care</b>		
<b>Estate planning</b>	Can you successfully transfer the assets you have worked a lifetime to accumulate?		
Employees	<b>Retirement plans</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does your qualified retirement plan complement your business objectives?		
<b>Executive compensation</b>	Have you created strategies to recruit, reward and retain key employees?		
Business protection	<b>Key person</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If a key employee dies, will the business suffer financially?		
<b>Business succession</b>	Have steps been identified to transfer the business to others at a fair price?		

**Part one: Personal information**

Marital status:  Single  Married

Number of children: \_\_\_\_\_ Any children from previous marriage?  Yes  No

Approximate net worth: \_\_\_\_\_ Personal tax rate: \_\_\_\_\_

Do any family members of the owners work as employees of the business?  Yes  No

Is it important that your children maintain some connection to the operation?  Yes  No

Capital assets		Retirement income assets		Tax-advantaged assets	
Savings	\$	IRAs	\$	Municipal bonds	\$
Checking	\$	401(k), 403(b) and other pension plan assets	\$	Roth IRAs	\$
CDs	\$	Annuities	\$	Life insurance cash value <sup>1</sup>	\$
Mutual funds	\$	Other	\$	Other	\$
Stocks	\$	Other	\$	Other	\$
Bonds	\$	Other	\$	Other	\$
Treasury securities	\$	Other	\$	Other	\$
Other	\$	TOTAL	\$	TOTAL	\$
<b>TOTAL</b>	<b>\$</b>				

**Retirement or exit from the business**

Do you plan on stepping back from the business or reducing your responsibilities?  Yes  No

If so, at what age? \_\_\_\_\_

Do you plan on retiring?  Yes  No If so, at what age?

To whom do you want to transition the business?

- Unrelated third party
- Family member (child or other)
- Key employee
- Other \_\_\_\_\_
- Not sure
- No one, I will wind down the business

When do you want to transition out of the operation?

During lifetime At what age? \_\_\_\_\_  At death  Not sure

How do you want to transition?

Sell  Bonus  Gift  Other: \_\_\_\_\_

**Long-term care**

What is your current plan to pay for long-term care?

- Linked benefit product
- Life insurance policy rider
- Annuity policy rider
- Medicare
- I choose to self-fund
- Other \_\_\_\_\_

1. The Policy Design you choose may impact the tax status of your policy. If you pay too much premium your policy could become a modified endowment contract (MEC). Distributions from a MEC may be taxable and if the taxpayer is under the age of 59½ may also be subject to an additional 10% penalty tax.

## Part two: Business information

Number of owners: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Type of business entity:

- |   |   |
|---|---|
| <input type="checkbox"/> Sole proprietorship        | <input type="checkbox"/> Partnership                              |
| <input type="checkbox"/> LLC taxed as a partnership | <input type="checkbox"/> LLC taxed as a corporation               |
| <input type="checkbox"/> C corporation              | <input type="checkbox"/> Professional corporation - C corporation |
| <input type="checkbox"/> S corporation              | <input type="checkbox"/> Professional corporation - S corporation |

Do you have any ownership in any other business?  Yes  No

## Financials

How many years has the business been in operation?

Business tax rate: (enter owner's tax rate if business is taxed as a flow-through entity) \_\_\_\_\_

What is the approximate current value of the business? \_\_\_\_\_

Has the business ever been appraised?  Yes  No If so, when? \_\_\_\_\_

Are you interested in a complimentary, no obligation informal business valuation?  Yes  No

## Retirement plans

Does the business's qualified retirement plan complement the business owner's objectives?  Yes  No

## Executive compensation

Does your company currently offer an executive benefit program to key employees?  Yes  No

If yes, please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Executive bonus                    | <input type="checkbox"/> Golden executive bonus arrangement         |
| <input type="checkbox"/> Golden executive match             | <input type="checkbox"/> Split-dollar arrangement                   |
| <input type="checkbox"/> Nonqualified deferred compensation | <input type="checkbox"/> Supplemental executive retirement benefits |
| <input type="checkbox"/> Other: _____                       | When was it last reviewed? _____                                    |

Are you interested in a complimentary, no obligation review of your existing executive benefit program?

Yes  No

## Key person

Does your company currently have any key person insurance coverage?  Yes  No

If yes, please complete the following:

Key person name	Insurance company	Type of life insurance	Annual premium	Death benefit
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**Business succession**

Does your company currently have a buy-sell arrangement?  Yes  No

If yes, please note with type of agreement:

- One-way buy-sell
- Entity/stock redemption
- Wait and see
- Other:
- Cross purchase
- Cross endorsed buy-sell
- Lifecycle LLC (partnership)
- Not sure

How is the current buy-sell arrangement funded?

Insured	Owner	Beneficiary	Face amount	Who pays the premium?

When was it last reviewed? \_\_\_\_\_

Are you interested in a complimentary, no obligation review of your existing coverage?  Yes  No

This questionnaire is used for the purpose of discovering client needs. It is not intended for the sole purpose of recommending life insurance.

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INSURANCE  
INVESTMENTS  
RETIREMENT