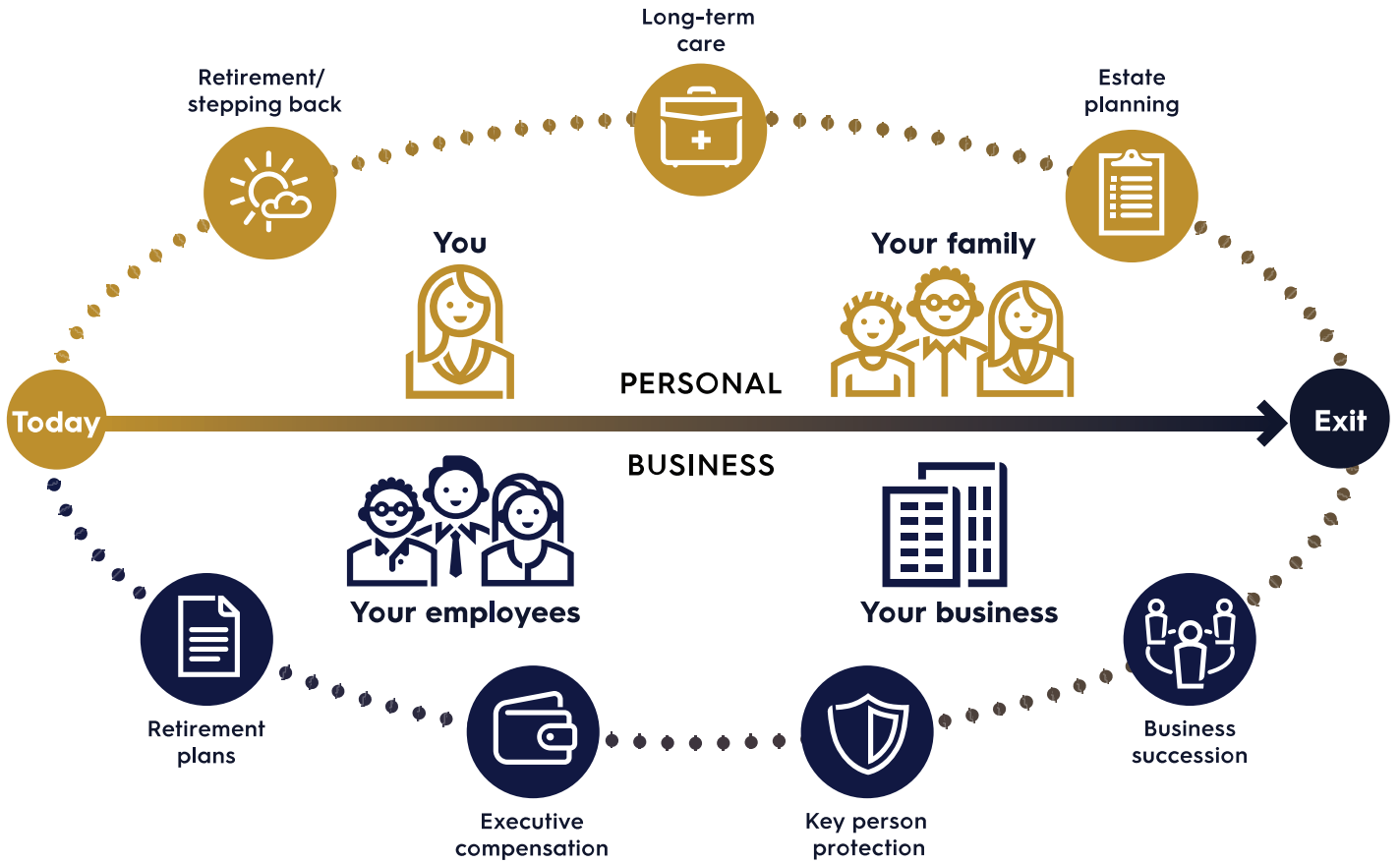


INITIAL FACT FINDER

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

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

Savings	\$
Checking	\$
CDs	\$
Mutual funds	\$
Stocks	\$
Bonds	\$
Treasury securities	\$
Other	\$
TOTAL	\$

Retirement income assets

IRAs	\$
401(k), 403(b) and other pension plan assets	\$
Annuities	\$
Other	\$
Other	\$
Other	\$
Other	\$
TOTAL	\$

Tax-advantaged assets

Municipal bonds	\$
Roth IRAs	\$
Life insurance cash value ¹	\$
Other	\$
Other	\$
Other	\$
Other	\$
TOTAL	\$

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:

Sole proprietorship

Partnership

LLC taxed as a partnership

LLC taxed as a corporation

C corporation

Professional corporation - C corporation

S corporation

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:

Executive bonus

Golden executive bonus arrangement

Golden executive match

Split-dollar arrangement

Nonqualified deferred compensation

Supplemental executive retirement benefits

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

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



**INSURANCE
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