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| Fact finder | Prioritizing business needs  Discover what your business needs most |

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| Business profile |
| The first few questions help us better understand your business by providing a brief overview. |

**Business profile**

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| **1.** | Name of business: | | | |  | | | | | | |
|  | Name of owner/CEO: | | | | |  | | | | | |
|  | Address: | | |  | | | | | | | |
|  | City: |  | | | | | | State: |  | ZIP: |  |
|  | Phone: | |  | | | | E-mail: | |  | | |

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| **2.** | What is your business entity type? | | | |
|  | Corporation | | | |
|  | Taxed as: | | | |
|  | C corporation | | | |
|  | S corporation | | | |
|  | LLC | | | |
|  | Taxed as: | | | |
|  | Partnership | | | |
|  | C corporation | | | |
|  | S corporation | | | |
|  | Partnership | | | |
|  | Sole proprietorship | | | |
|  | Not-for-profit organization | | | |
| **3.** | Number of years in business: | |  | |
| **4.** | Number of employees: |  | | |
| **5.** | Number of key employees, including you: | | |  |
|  | (A key employee is generally defined as someone who has a significant financial impact on the business and would be difficult to replace.) | | | |

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| **6.** | How many owners does your business have? | |  |
| **7.** | How many children of the owner(s) are | | |
|  | active in the business? |  | |
| **8.** | What is your anticipated approximate annual gross receipts volume this year? | | |
|  | Less than $500,000 | | |
|  | $500,000 to $999,999 | | |
|  | $1,000,000 to $2,499,999 | | |
|  | $2,500,000 to $4,999,999 | | |
|  | $5,000,000 or more | | |
| **9.** | Where is your business in its "life cycle"? | | |
|  | New (1-3 years in business) | | |
|  | Growing (3+ years in business) | | |
|  | Established (10+ years in business) | | |
|  | In transition | | |

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| For the business | |
| The following questions will help you assess the level of protection your business currently has, or may need. We'll also learn if a business succession plan is something for you to consider or have reviewed. | |
| **Business protection** | **Business succession** |

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| **1a.** | Has your company implemented protection to maintain the value and integrity of your business due to death, disability or termination of owners or key employees? Check all that apply: | |
|  | Key person life insurance | |
|  | Key person disability insurance | |
|  | Disability overhead expense insurance | |
|  | Disability loan protection | |
|  | Key employee retention plan | |
|  | Other: |  |
|  | None | |
| **1b.** | Does your business have significant debt? | |
|  | Yes  No  Not sure | |
| **1c.** | What percentage of the debt is covered by life insurance on the business owners? | |
|  | Less than 25% | |
|  | 25% to 49% | |
|  | 50% to 74% | |
|  | 75% or more | |
|  | None | |

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| **2a.** | Are you confident in your business's transition strategy? | | | |
|  | Yes  No  Not sure | | | |
| **2b.** | Which of the following business goals apply to your business? Check all that apply: | | | |
|  | Develop the business for family  members | | | |
|  | Sell the business and retire early | | | |
|  | Grow the business | | | |
|  | Achieve business stability | | | |
|  | Remain active in business even after   normal retirement age | | | |
|  | Other: |  | | |
| **2c.** | Does your company have a written agreement to continue the business in the event of death, disability or retirement of an owner? Check all that apply: | | | |
|  | Death | | Retirement | |
|  | Disability | | Other: |  |
|  | None | |  | |
| **2d.** | If you have a buy-sell agreement, when was it last reviewed? | | | |
|  | Within the last two years | | | |
|  | Two or more years ago | | | |
|  | Not applicable | | | |
| **2e.** | If you have a buy-sell agreement, how is it funded? Check all that apply: | | | |
|  | Accumulation (sinking) fund | | | |
|  | Business cash flow | | | |
|  | Life insurance | | | |
|  | Disability buy-out insurance | | | |
|  | Other: |  | | |
|  | None | | | |

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| For the employees |
| This section asks you to consider the benefits you offer for all employees, including key employees and owners. |

**Health and wellness solutions**

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| **1.** | Does your company offer health and wellness solutions? Check all that apply: | | | |
|  | Comprehensive health insurance | | | |
|  | Health savings accounts | | | |
|  | Wellness solutions | | | |
|  | Other: | |  |  |
|  | None |  | | |

**Group and voluntary benefits**

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| **2.** | Does your company offer group and voluntary benefits? Please check the benefits your company offers/sponsors and the portion of premium your company pays: |

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| **Benefit** | | **Company offers** | **Employer pays** | | |
| **All** | **Part** | **None** |
|  | |  |  |  |  |
| Life Insurance | |  |  |  |  |
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| Short-term disability insurance | |  |  |  |  |
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| Long-term disability insurance | |  |  |  |  |
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| Dental insurance | |  |  |  |  |
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| Vision insurance | |  |  |  |  |
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| Critical illness insurance | |  |  |  |  |
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| Accident insurance | |  |  |  |  |
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| None | |  |  |  |  |
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| Other: |  |  |  |  |  |
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| **Qualified retirement plans** | **Key employee benefits** |

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| **3a.** | Does your company have a qualified retirement plan for employees? If yes, what type of qualified retirement plan do you offer? Check all that apply: | | |
|  | 401(k) | | |
|  | Simplified employee pension (SEP) | | |
|  | Profit sharing plan | | |
|  | Savings incentive match plan for employees (SIMPLE IRA) | | |
|  | Employee stock ownership plan (ESOP) | | |
|  | Tax-sheltered annuity (TSA)/403(b) | | |
|  | Defined benefit | | |
|  | Other: | |  |
|  | None | | |
| **3b.** | When was the last time you changed your | | |
|  | provider? |  | |
| **3c.** | Who is your current payroll provider? | | |
|  |  | | |
| **3d.** | On a scale of 1 (low) to 5 (high), how satisfied are you with the service, features, options and performance of your retirement plan? | | |
|  | 1  2  3  4  5 | | |
| **3e.** | Do you have a retirement committee? | | |
|  | Yes  No | | |
| **3f.** | Are you or your key employees limited in the amount you are allowed to contribute to your qualified retirement plan? | | |
|  | Yes  No  Not sure | | |

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| **4a.** | Does your company have a plan that assists with recruiting, retaining, rewarding, and retiring your key employees? If yes, what type of plan(s) do you offer? Check all that apply: | |
|  | Bonus plan (IRC Section 162) | |
|  | Deferred compensation plan (defined   contribution) | |
|  | Deferred compensation plan (SERP or   defined benefit) | |
|  | Split dollar plan | |
|  | 457(b) plan | |
|  | 457(f) plan | |
|  | Disability retirement savings protection | |
|  | Multi-life individual disability income   insurance | |
|  | DI salary continuation plan | |
|  | Other: |  |
|  | None | |
| **4b.** | If you have a plan, when was it last reviewed? | |
|  | Within the last two years | |
|  | Two or more years ago | |
|  | We don't have a plan | |
| **4c.** | Would your key employees be interested in saving additional income? | |
|  | Yes  No | |

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| For your lifestyle | |
| The following questions help us determine if your personal and business interests will be protected should the unexpected happen. | |
| **Legacy and estate planning** | **Disability insurance** |

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| **1a.** | Do you have a plan to distribute your personal and business assets in the event of your death? If yes, what type of plan do you have? Check all that apply: | |
|  | Irrevocable life insurance trust (ILIT) | |
|  | Revocable trust | |
|  | Will | |
|  | Family trust (credit shelter trust) | |
|  | Family limited partnership (FLP) | |
|  | Other: |  |
|  | None | |
| **1b.** | Is the plan funded? | |
|  | Fully funded | |
|  | Partially funded | |
|  | Not funded | |
|  | Not sure | |
|  | Not applicable | |
| **1c.** | If you have a plan, when was it last reviewed? | |
|  | Within the last two years | |
|  | Two or more years ago | |
|  | Not applicable | |

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| **2a.** | Do you have individual disability income insurance to protect you in the event of a prolonged illness or injury? |
|  | Yes  No  Not sure |
| **2b.** | If you have an individual disability income insurance policy, when was it last reviewed? |
|  | Within the last two years |
|  | Two or more years ago |
|  | Not applicable |
| **2c.** | Do you have personal long-term care insurance? |
|  | Yes  No  Not sure |
| **Life insurance** | |
| **3a.** | Do you have individual life insurance  policies to protect your family in the event of your death? |
|  | Yes  No  Not sure |
| **3b.** | Are you using business assets to finance your personal life insurance needs? |
|  | Yes  No  Not sure |
| **3c.** | Have your personal life insurance needs been reviewed within the past two years to ensure they are being met? |
|  | Yes  No  Not sure |

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| Your financial priorities | |
| Rank the topics below 1-9, with one being the most important and nine being the least important.  Use each number only once. | |
|  | Health and wellness solutions |
|  | Group and voluntary benefits |
|  | Qualified retirement plans |
|  | Key employee benefits |
|  | Business protection |
|  | Business succession |
|  | Legacy and estate planning |
|  | Disability insurance |
|  | Life insurance |

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| **Let’s talk about what’s next.** |
| * Which of your high priorities would you like to discuss further? * Are there any other concerns that we haven't discussed today? |
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|  | Contact your financial professional today. Visit principal.com. |