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| Fact finder | Prioritizing business needsDiscover what yourbusiness 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 yourbusiness 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 | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
|  |  |  |  |  |
| Short-term disability insurance | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
|  |  |  |  |  |
| Long-term disability insurance | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
|  |  |  |  |  |
| Dental insurance | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
|  |  |  |  |  |
| Vision insurance | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
|  |  |  |  |  |
| Critical illness insurance | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
|  |  |  |  |  |
| Accident insurance | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
|  |  |  |  |  |
| None | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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 theunexpected 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 incomeinsurance to protect you in the event of aprolonged 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 eventof 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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|       |
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|  | Contact your financial professional today. Visit principal.com. |