

Protecting your **business**

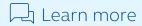
1	Do you have an idea of when you might want to transition out of your business?						
	Within the next five years	5 - 10 years	10+ yea	rs			
2	Have you thought about to who	m you want to trans	sfer it?				
	If to co-owners, do you have	a buy-sell agreemer	nt in place)	Yes	No	
	If to a key employee, do you funds to buy-in?	have a plan to help t	them have	e the	Yes	No	
	If to family members, will it	oe a gift, sale, or com	nbination (of both?	Gift	Sale	Combination
	If to a third party, do you have employees stay through the		ensure yo	ur key	Yes	No	
3	Does your company have a written plan to continue the business in the event of the four primary buy-sell triggers of the owner(s)—death, disability, departure, or divorce?						
	• If no, are you aware of the co	ntinuity risk this crea	ates?		Yes	No	
	• If yes, when was the last time	the agreement was	reviewed	?	0-2 ye	ears	2+ years
	If you have a buy-sell agreement in place, how is it funded?						
	Life insurance Disabil No funding has been set asid	ty Buy-Out insuranc e	e	Sinking fund ((e.g. otł	ner inve	stments)
4	Have you ever had your busines	s valued?					
	Yes. Provided value \$	No. Y	our best e	stimated valu	e \$		
5	Is your business financially protected in the event of the loss of a key employee due to death, disability, or departure?						
	Yes, I have key person life insu	urance (term or pern	nanent ins	urance)			
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Protecting your **employees**

1	Are your benefits sufficient to help attract and retain the right employees? Tell us about the plans you have in place and when each was last reviewed		No hat apply	y.).	
	Health insurance	Date last	reviewe	ed	
	Qualified retirement plan(s) (i.e. 401(k), 403(b), ESOP, profit sharing, etc.).	Date last	reviewe	ed	
	Is your qualified plan meeting your current objectives?	Yes	No		
	> If no, are there nondiscrimination testing issues?	Yes	No		
	> Are your highly compensated employees getting refunds?	Yes	No		
	Are you and/or key employees able to save as much as you want in the plan?	Yes	No		
	Group life insurance	Date last	Date last reviewed		
	Short-term and/or long-term disability insurance	Date last			
	Dental insurance	Date last	reviewe	ed	
	Vision insurance	Date last	reviewe	ed	
	Critical illness insurance	Date last reviewed			
	Accident insurance	Date last	reviewe	ed	
2	Do you offer any benefits to employees on a voluntary basis, or are they	all employ	er-paid?		
	All employer paid All voluntary Some employer-paid, some	voluntary			
	Would you be interested in a comparison of the benefits you offer with those of other companies like you?	Yes	No		
3	If so, and you have 3-100 employees, try the Principal® Benefit Design Tool at <u>benefitdesigntool.principal.com.</u>				
		Yes	No		
	Is retention an issue for you with your key employees?	162	INO		
	If yes, have you considered offering key employee benefits to help retain your top talent?	Yes	No		
5	Do you have a nonqualified key employee benefit plan(s)?	Yes	No		
	If yes, what type of plan(s) do you have? Why was it implemented?				
	Is the plan still meeting your goals/expectations?	Yes	No	I don't knov	
	Does the plan tie the key employee(s) to performance standards?	Yes	No	I don't knov	
	Is the plan effective at retaining your key people?	Yes	No	I don't knov	
	When was it last reviewed?	Date last		1	

Protecting your **lifestyle**

1	How much annual after-tax income will you expect from the sale of your business?							
	\$							
2	Do you expect this will be your sole source of income?	Yes	No					
3	Have you reviewed all your potential sources of income for retirement?	Yes	No					
	If yes, is it enough to provide the lifestyle you've planned?	Yes	No	I'm not sure				
	Combined with the proceeds from the sale of your business (if applicable), will that be enough to live comfortably 25-30 years in retirement?	Yes	No	I'm not sure				
4	Would you be interested in an analysis to determine whether your retirement income sources are sufficient to meet your projected needs?	Yes	No					
5	Are you properly insured in the event of death or disability?	Yes	No					
6	Do you have plans in place to protect against chronic illnesses that may impact you and your family's financial security?	Yes	No					
	If yes, when was it last reviewed?	Date last reviewed_		d				
7	Do you have plans in place (wills, trusts, etc.) to ensure your estate goes to your loved ones?	Yes	No					
	If yes, when was it last reviewed?	Date last	reviewed	d				



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