

# Exploring your financial priorities

As a business owner, many people depend on you and the success of your company. So, it's important to protect what you've built against a disabling illness or injury. By answering these questions, you can work towards getting a plan in place to do just that.

## Business needs

### Business protection

If you or another owner became too sick or hurt to work, would your business be able to pay expenses?

☐ Yes ☐ No \_\_\_\_\_ Rank 1-4

Would your business be as successful as it is today if a key employee could no longer work due to a death, disability, or resignation?

☐ Yes ☐ No \_\_\_\_\_ Rank 1-4

### Business succession planning

Have you established a buy-sell agreement to transfer ownership if you or another owner dies or becomes disabled?

☐ Yes ☐ No \_\_\_\_\_ Rank 1-4

### Debt protection

Do you have business-related loan payments that need to be made even if you can't work due to a disability?

☐ Yes ☐ No \_\_\_\_\_ Rank 1-4

## Personal needs

### Income protection

If you were too sick or hurt to work, could you meet personal financial obligations without draining business profits?

☐ Yes ☐ No \_\_\_\_\_ Rank 1-4

### Retirement income

Would you still be able to save for retirement if you could no longer work due to a disability?

☐ Yes ☐ No \_\_\_\_\_ Rank 1-4

## Employee benefit needs

Do you currently offer your highly compensated and/or key employees special benefits to retain and reward them?

☐ Yes ☐ No \_\_\_\_\_ Rank 1-4

Have you recently reviewed your benefits offering to ensure it's competitive and meets the needs of your employees?

☐ Yes ☐ No \_\_\_\_\_ Rank 1-4

## About your business

### Business basics:

Business name: \_\_\_\_\_  
Owner(s) name: \_\_\_\_\_  
City, state of  
company headquarters: \_\_\_\_\_  
Nature of your business: \_\_\_\_\_  
Years of business operation: \_\_\_\_\_  
Issue state: \_\_\_\_\_

### Type of business entity:

☐ C corporation ☐ S corporation  
☐ Sole proprietorship ☐ Partnership

Number of business owners: ☐ 1 ☐ 2 ☐ 3 ☐ 4+

### Total number of employees:

☐ 1-9 ☐ 51-200 ☐ 501+  
☐ 10-50 ☐ 201-500

Number of key employees (those critical to the success of the business): \_\_\_\_\_

Annual growth rate: \_\_\_\_\_

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

**Do you have a buy-sell agreement?** ☐ Yes ☐ No  
(if yes, provide a copy of the agreement.)

### Names and contact information for the following:

Attorney: \_\_\_\_\_  
Accountant: \_\_\_\_\_

### Attach:

- ☐ Three years of your most recent company tax returns (or, if necessary, two years of tax returns, and one year of income statement and balance sheet)
- ☐ Sole proprietorships: In addition to providing three years of Schedule Cs, also submit an informal balance sheet of business assets and liabilities as of the most recent year end.

**Note:** Save time and send documents more securely by using our new **digital RFP** ([principal.com/ibv-bsr-rfp](https://principal.com/ibv-bsr-rfp)).

## Owner/key employee census

Name/title	Annual income	% of ownership (if applicable)	Date of birth	Tobacco use
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If more than four names, please attach a spreadsheet or send electronically. Please submit necessary paperwork to your local office for your representative to generate a customized analysis of your business needs.



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