

CONFIDENTIAL

Business Owner's Fact Finder

Producer:

Phone Number:

E-Mail Address:

Date:

COMPANY INFORMATION

1 Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2 When Was the Business Established? _____

3 Form of Business: C Corporation: Tax Bracket S Corporation

Limited Liability Company Sole Proprietorship General Partnership

Limited Partnership Other: _____

4 Has Form of Business Changed, e.g. C > S-Corp or S > C-Corp? Yes No

If Yes, Provide Details: _____

5 Describe Primary Business Activity(s): _____

BUSINESS OWNERSHIP

6 List Owners:

Name	Date of Birth	Ownership %		Salary	Relationship/Title
		Voting	Non-Voting		

PROFESSIONAL ADVISORS

7 Attorney: _____ Phone Number: _____

8 CPA: _____ Phone Number: _____

9 Other: _____ Phone Number: _____

FINANCIAL INFORMATION

- 10** Average Business Income: _____
- 11** Describe past or current growth rates or trends of the business : _____

- 12** Is the business the main income source for your family? Yes No
- 13** What percentage of the business income is needed to fund annual family living expenses? _____
- 14** Is there substantial liquidity in the business that can be used to fund estate taxes? Yes No
- 14** How much could be used for estate taxes without jeopardizing the success of the business?
 (Note: You should discuss the possible tax implications with your tax advisor). _____

BUSINESS CONTINUATION INFORMATION

- 16** Do you have a written Business Continuation Agreement? Yes No
- | | | | |
|-----------------|---|-------------------------------------|--|
| If Yes: | Date Executed: | Date Last Reviewed: | |
| 17 Type: | <input type="checkbox"/> Cross Purchase | <input type="checkbox"/> Redemption | <input type="checkbox"/> Wait & See = <input type="checkbox"/> Other |
- Describe Terms (Triggering events, note provisions): _____
- | | | |
|---|---|---|
| 18 Total Value (as agreed or estimated FMV): | \$ _____ | Date of Valuation: |
| Method of Valuation: | <input type="checkbox"/> Appraisal | <input type="checkbox"/> Stipulated by Owner(s) |
| | <input type="checkbox"/> Formula in Agreement | <input type="checkbox"/> Other: |
- 19** Is Agreement Funded? Yes No
- If Yes, how?: _____
- 20** Have any ownership interests changed since last review (e.g. gifts to children)? Yes No
- If Yes, describe: _____

BUSINESS OWNER'S CURRENT LIFE INSURANCE COVERAGE

21	Insured	Owner	Beneficiary	Face Amount	Type of Policy	Annual Premium	Premium Payor	Reasons for Insurance

BUSINESS SUCCESSION PLAN

22 Describe the general objectives for your business between now and retirement (e.g. grow/expand, sell, go public, gift)

How will the business be disposed of at:		Retirement	Disability	Death
	Family Member(s)			
	Other Owners			
	Key Employee(s)			
	Competitor			
	Liquidated			
	Undecided			
	Other			
	Describe			

24 Who will inherit your share of the business?

Name	%	Currently Active in Business?		Relationship
		<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	
		<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	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

25 If you were to die today, what would happen to your business?

EMPLOYEE ISSUES

26 Number of Employee: _____ Number of Key Employee: _____

27 Identify Key Managers/Employees in your business:

Name	Position/Duties	Age	Years Employed	Years to Retirement	Salary/Bonus

28 Have any ownership interests changed since last review (e.g. gifts to children)? Yes No

If Yes, List:

29 Who of the Key Manager/Employees listed above would be instrumental to the continued succs of the business today in the event of your retirement, disability or untimely death? (list and describe contribution to business):

30 What arrangements do you have to help in the retention of these Key Managers/Employees?

<input type="checkbox"/> Executive Bonus Plan	<input type="checkbox"/> Split Dollar Plan	<input type="checkbox"/> Salary Continuation Plan
<input type="checkbox"/> Deferred Compensation Plan		<input type="checkbox"/> Other

31 Fringe Benefits:

	All Employees	Targeted at Key Employees
Defined Benefit Pension	<input type="checkbox"/> Have <input type="checkbox"/> Interested In	<input type="checkbox"/> Have <input type="checkbox"/> Interested In
Profit Sharing Plan	<input type="checkbox"/> Have <input type="checkbox"/> Interested In	<input type="checkbox"/> Have <input type="checkbox"/> Interested In
401(k) Plan	<input type="checkbox"/> Have <input type="checkbox"/> Interested In	<input type="checkbox"/> Have <input type="checkbox"/> Interested In
Non-Qualified Deferred Compensation	<input type="checkbox"/> Have <input type="checkbox"/> Interested In	<input type="checkbox"/> Have <input type="checkbox"/> Interested In
Executive Bonus Plan	<input type="checkbox"/> Have <input type="checkbox"/> Interested In	<input type="checkbox"/> Have <input type="checkbox"/> Interested In
Split Dollar Insurance Plan	<input type="checkbox"/> Have <input type="checkbox"/> Interested In	<input type="checkbox"/> Have <input type="checkbox"/> Interested In

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