

Fact Finder

Company In	nformation	Business Ownership (continued)				
Business Name:		Name:				
Employer Tax ID	#:	Title:				
Phone:	Fax:	Sex:		Date of Birth:		
Address:		Annual Salary:		Bonus:		
City:		Email Address:				
State:	Zip Code:	Other:				
Website: Email Address:		Name:				
Form of Business	s: □ C Corporation □ S Corporation	Title:				
	☐ Proprietorship ☐ General Partnership	Sex:		Date of Birth:		
	☐ Limited Partnership ☐ LLC ☐ Other	Annual Salary:		Bonus:		
Tax Status: "C" Corporation:	"S" Corporation:	Email Address:				
Other:	Date of Last Change:	Other:				
Date Business Es						
Accounting:		Are any of the or	wners related?			
Year End (Month/Day)		Number of empl	oyees:			
Method: Cash	Accural	D	1			
Future Business (Changes: ☐ Incorporate ☐ Merge	Business A	avisors			
	☐ Go Public ☐ Sell to Associates ☐ Give/Sell to Children	Accountant:	Name	Phone Number		
Business O		Attorney:				
Name:	r i	Banker:				
Title:		Investment Advi	sor:			
Sex:	Date of Birth:	Insurance Adviso	or:			
Annual Salary:	Bonus:	Other Advisors:				
Email Address:						
Other:						

Business Valuation Information:	Business Planning Objectives:					
When was value determined?	What will happen to the business and an owner's family upon an owner's:					
Estimated fair market value:	Disability:					
Estimated annual growth rate:	Retirement:					
How was value determined?	Death:					
Buy-Sell Information: Is there a buy-sell arrangement?	Business Life Insurance Plans Any corporate owned life insurance?					
What type of plan: ☐ Cross purchase ☐ Stock Redemption	For what purpose?					
☐ Other How is purchase price determined?	Any key person life insurance?					
How will the purchase be funded?						
Last reviewed with attorney:	Employee Benefits: Place a checkmark next to all current benefit plans:					
Business Continuation Plans:	□ Cafeteria Compensation □ Deferred Compensation -Salary Continuation □ Employee Benefit Booklet □ Executive/REBA Bonus □ Group Dental Plan □ Group Disability Income	□ Payroll IRA/SEP □ Payroll Savings Plan □ Pension Trust Agreement □ Profit-Sharing Trust □ Qualified Plan Investment □ Split Dollar □ Stock Options □ 401 (k) Plan				
Are any other family members active in the business?						
Management succession plan in place?	☐ Group Health Plan ☐ Group Life Insurance					
Ownership interests transferred by gift?	☐ Individual Disability Plan					

Getting to Know the Business Owner

Additional Issues:	Business Benefit Planning:				
How did you happen to get into this business?	Do you have any key people who would be difficult to replace if they were to quit today?				
What makes your business unique?	Does your business have any debt that should be paid by				
How is your business going now?	insurance in the event of the death of a Key Officer?				
Are there any family members that are not involved in the business?	Many companies spend 20-50% of their payroll on employee benefits. Do your employees appreciate the benefits that you are providing them?				
Personal Planning: When you retire, how do you plan to get money out of your business?	Are you (and/or your key employees) finding that salary increases are less meaningful and effective because of the tax burden?				
When do you plan to retire? What percent of your current income will you need when you retire? Could you retire today?	Have you thought about rewarding your key people with additional fringe benefits? Or creating programs that will encourage retention of your key people?				
What are your plans for your business, for yourself and for your family?	Would you be interested in a (non-qualified) deferred compensation plan in which most of the benefits are for you and your key people?				
When planning for your children, do you understand the difference between the concepts of "Fair" and "Equal"?					
What will happen to your life insurance benefits when you retire?	Would you be interested in investing dollars that would otherwise be paid in taxes to provide personal benefits for you and your family?				
	Does your Company have any problems with excess accumulations of retained earnings?				

Census Information

Name	Age/ DOB	Sex	Smoking Status	Salary	% of Salary Increase	Incentive Compensation	Bonus Amount	Federal Tax Bracket	Citizenship
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2									
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