

Business fact finder

Use this form to consolidate the information that may be needed for various life insurance solutions.

Business owner information

Name: _____ Title/Position: _____
 Date of Birth: _____ Salary: _____ Death Benefit Amount: _____
 Percent Ownership: _____ Planned Retirement Age: _____ Individual tax bracket: _____
 Rate Class Assumption: _____ State of Issue: _____ Gender: _____

Business information

Tell us about your business, what you do, and the industry you're in (for the business you are insuring.)

Business name: _____ Primary business contact: _____
 Industry: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Number of years in business: _____ Website: _____
 Total number of employees: _____ Part-time employees: _____ Number of key employees: _____

Business Details

C Corporation Corporate Tax Bracket _____%
 Public Corporation Private Corporation
 - Personal Service Corporation Sole Shareholder Corporation Family Members as Owners
 Is there a possibility this entity will go public? Yes No If Yes, how soon? _____

Pass-Through Entity for Tax Purposes
 Partnership: Is it organized as a... General Partnership? Limited Partnership?
 LLC: Is it taxed as a partnership? Yes No
 S Corporation: Was it always an S Corporation? Yes No

Sole Proprietorship
 Tax-Exempt Entity (Non-Profit)
 Other form of business. Please explain: _____

Please list all of the owners of the business and corresponding details.

Names	Age/DOB	Ownership %	Personal tax bracket	Total annual compensation	% of debt attributable	% of profits attributable
		%	%		%	%
		%	%		%	%
		%	%		%	%
		%	%		%	%
		%	%		%	%
		%	%		%	%

Existing coverage type

Buy-Sell Key person Executive bonus/REBA Endorsement split dollar Loan split dollar Other

Applying for

Buy-Sell Key person Executive bonus/REBA Endorsement split dollar Loan split dollar Other

For cases being applied for, please fill out the corresponding checklist below.

Buy Sell

What type of Buy-Sell Agreement is being used?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Cross purchase | <input type="checkbox"/> Hybrid |
| <input type="checkbox"/> Entity purchase | <input type="checkbox"/> Third party |
| <input type="checkbox"/> Wait-and-see | <input type="checkbox"/> Other _____ |

Has a business valuation been conducted? Yes No

What is the business valuation?

\$ _____ Provided by: _____

What valuation method was used?

- | | |
|--|---|
| <input type="checkbox"/> Discounted Cash Flow Analysis | <input type="checkbox"/> Revenue Multiple |
| <input type="checkbox"/> Capitalization of Earnings | <input type="checkbox"/> Book Value |
| <input type="checkbox"/> EBITDA* Multiple | <input type="checkbox"/> Other _____ |

* Earnings before interest, taxes, depreciation, and amortization

If there is a current buy-sell agreement, how is it funded?

Insured	Owner	Beneficiary	Face amount	Who pays the premium?

Year last reviewed: _____

What is the desirable outcome in the event the business owner(s) should experience a departure, divorce, disability, death or dissolution of the business?

What steps are in place to secure the outcome?

What is the current timeline for the retirement of any individual owner(s).

Will retirement of the/an owner require a liquidity event or ongoing cash flow from the business?

Are there benefits currently being provided to you and/or your family that you would like continued at your retirement?

Is a transition to family/generational ownership expected?

If you are not able to be involved in the business, will your family's/spouse's financial security be tied to the business?

How will they get income from the business? How much will they need? Please explain.

Key Person

Which of the following impacts would occur due to the loss of this key person?

- Cost of temporary replacement
- Cost of recruiting/training permanent replacement
- Profit losses due to decreased sales
- Profit losses due to delay or cancellation of project
- Replacement/outsourcing of specialized knowledge
- Loss of business value to stockholders
- Loss of guarantee on business loans
- Business continuity (loss of an owner)
- Other: _____

Key employee information

Fill out the information for key employees who you are looking to insure.

Name	Age	Gender	Planned Retirement Year	Type of Coverage	Valuation Method	Death Benefit Amount	Insurance Rating	Compensation

Valuation Methods:

- **Multiples of income method** – Simply multiply the key employee’s salary by a factor. For example 100,000 X 10 = 1,000,000 death benefit.
- **Replacement cost method** – Based directly on the incurred costs associated with a replacement (i.e. salary, ongoing expenses for hiring and training, as well as costs associated with lost revenue).
- **Contributions to earnings method** – Calculated based on the amount of profits (%) directly contributed by the key employee. This figure is then multiplied by the number of years needed to train a replacement (e.g. 40% of company profits x 3 years of training = _____).

Executive Bonus/REBA

Insured Name: _____

Type of bonus arrangement Standard executive bonus Double bonus

Bonus payout timeframe

- Until retirement: _____
- Until date: _____
- Until age: _____
- Other: _____

What is the premium and death benefit and how were they determined?

Split Dollar

Endorsement Split Dollar

Insured Name: _____

Premiums paid by Business _____ % Insured _____ %

Agreement termination (select all that apply)

- Years of employment _____
- Retirement @ age _____
- Termination of employment
- Other _____

What is the premium and death benefit and how were they determined?

Loan Split Dollar

Executive AdvantagesSM

Insured Name: _____

Loans paid by: Company entirely
 Specified by company of _____ with balance of _____ by executive.

Premium/loan amount _____

Payment of interest:

Bonus

Out of pocket

Double bonus

Loan payment years _____

Zero out of pocket

Accrued

Retirement age _____ Illustrate retirement income from year _____ to _____.

Loan repayment year _____

Death benefit amount: Specified _____ Solve Minimum

Special instructions (Death benefit or retirement income strategy?)

Business Advisor

Insured Name: _____

Accountant Name _____

Address _____

Phone _____ Email _____

Attorney Name _____

Address _____

Phone _____ Email _____

Other Name _____

Address _____

Phone _____ Email _____

Next Steps

Submit completed form to your regional distribution partner.

The terms and conditions of the REBA are not part of the policy issued by Midland National[®] Life Insurance Company and as such Midland National is unable to enforce directly any restrictions on the policy that are part of the REBA agreement.

Under a loan splitdollar agreement, the employee enters into an agreement with the employer. Midland National[®] Life Insurance Company is not a party to this agreement and Midland National's only obligation is to administer the policy it issues (consistent with the policy's terms and conditions).

The parties to the loan regime split dollar arrangement should seek their own independent legal and tax advice as to whether and how to enter into a loan regime split dollar arrangement based on the employer's and employee's unique circumstances.

Under a split dollar agreement classified as a welfare benefit plan, the employee must belong to a select group of management, which includes quantitative and qualitative elements. To meet the quantitative standard, plans should be limited to the top 15% of the workforce. To meet the qualitative test, a significant disparity should exist between the average compensation of the top-hat group and the average compensation of all other employees.

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