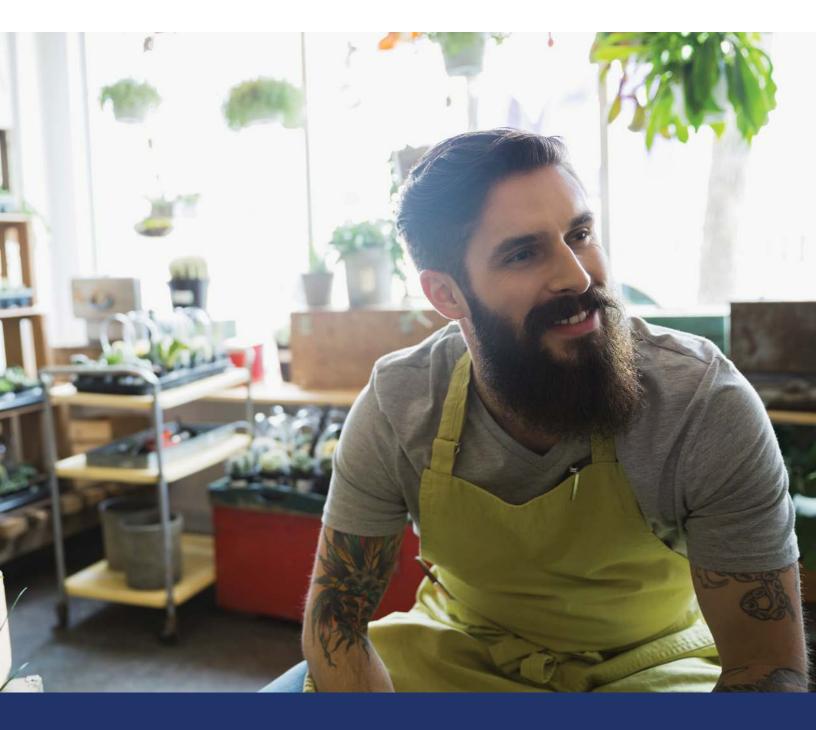
... MassMutual



Confidential Fact Finder

Business Owner Profile



Completing this Confidential Business Profile thoroughly and accurately will allow us to help you develop your strategy for protecting your business from the effects of a long term disability.

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Ownership

Client:

Name:		D.OB.:		
Citizenship:				
Street:				
City:	State:		Zip:	
Telephone:	:	Email:	<u> </u>	
Business:				
Name:				
Street:				
City:	State:		Zip:	
Telephone:		Email:		
Web address:				
Business organization	n (under state law):			
O General	O Sole	O Limited Liability	Corporation	O Professional
Partnership	Proprietorship	Company	o corporation	Corporation
O Limited Partnership	O Professional Association	O Other		
Partnership	ASSOCIATION			
Federal income tax status:				
O C Corporation	O S Corporation	O Partnership	O Non-Profit Organization	O Charitable Org. (Tax-Exempt)
O Personal Service Corporation	O Other			
Accounting Basis:				
O Cash	O Accrual			
Type of Business:				
O Manufacturing	O Service	O Wholesale	O Retail	O Other
Miscellaneous:		:		
Fiscal Year Ending:		Year established/Inco	orporated:	

Key Employees/Advisors

OWNERS/KEY EMPLOYEES

Name	Title/Duties	Age/DOB	Owner (%)	Annual Compensation
What ownership chai	nges, if any, are you con	sidering in the future?	•	
	,,			
Which key employee	s are potential future ov	wners? Whv?		
7 7 7 7		, ,		
What is the compens	ation structure for key	employees (salary, bor	nus, incentives)?	
	•	. ,		
		key employees that are	s not made available t	- all amoulance - 2
What, if anv. other be	enerits are provided to i		: HOL Made avallable L	o all employees:
What, if any, other be	enerits are provided to i	tey employees that are	e not made available t	o all employees:
What, if any, other bε	enerits are provided to i	The state of the s	e not made available t	o all employees:

Key Employees/Advisors

COMPANY ADVISORS

Advisor	Name/Firm	Telephone Number	How satisfied are you with services provided?
Accountant			
Attorney			
Bank/Loan Officer			
Financial Advisor			
Benefits Broker			
Trustee			
Other			
If you were to forced to	o stop working, to whom	n would you transfer ownership o	f your business to?
What steps have you to	iken to ensure the succe	essful transition of ownership in t	he above situation?
Do you have a "Buy-Se If 'Yes,' does the Buy Se		O Yes O No	
O Death O Disab	ility O Retirement	O Employment Termination	O Divorce O Other

Key Employees/Advisors

How is the Buy Sell plan funded?	
What plans or resources are in place to pay these expenses if you are unable to run the business due to an extended period of illness or injury? How long will these resources be able to pay these expenses?	



Employee Benefits

How many total employees does the company have? Employee Group Long Term Disability (GLTD) coverage information: Is a GLTD plan in place? O Yes O No Is the GLTD plan Benefits taxable to employees? O Yes O No Is variable income (bonus, commissions) covered by GLTD? O Yes O No **GLTD** coverage (% of salary) GLTD monthly maximum benefit amount Which benefits offered to employees are most valued by them? Why? How do you feel about the benefits you currently provide your employees? Where do feel, if at all, your employee benefit offerings 'come up short'? What kind of benefits are you offering that employees would not be able to replace if they worked for another company/competitor?

