



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.O.B.:	
Citizenship:		
Street:		
City:	State:	Zip:
Telephone:		Email:

Business:

Name:		
Street:		
City:	State:	Zip:
Telephone:		Email:
Web address:		

Business organization (under state law):

- | | | | | |
|---|--|---|-----------------------------------|--|
| <input type="radio"/> General Partnership | <input type="radio"/> Sole Proprietorship | <input type="radio"/> Limited Liability Company | <input type="radio"/> Corporation | <input type="radio"/> Professional Corporation |
| <input type="radio"/> Limited Partnership | <input type="radio"/> Professional Association | <input type="radio"/> Other | | |

Federal income tax status:

- | | | | | |
|--|-------------------------------------|-----------------------------------|---|--|
| <input type="radio"/> C Corporation | <input type="radio"/> S Corporation | <input type="radio"/> Partnership | <input type="radio"/> Non-Profit Organization | <input type="radio"/> Charitable Org. (Tax-Exempt) |
| <input type="radio"/> Personal Service Corporation | <input type="radio"/> Other | | | |

Accounting Basis:

- | | |
|----------------------------|-------------------------------|
| <input type="radio"/> Cash | <input type="radio"/> Accrual |
|----------------------------|-------------------------------|

Type of Business:

- | | | | | |
|-------------------------------------|-------------------------------|---------------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Manufacturing | <input type="radio"/> Service | <input type="radio"/> Wholesale | <input type="radio"/> Retail | <input type="radio"/> Other |
|-------------------------------------|-------------------------------|---------------------------------|------------------------------|-----------------------------|

Miscellaneous:

Fiscal Year Ending:	Year established/Incorporated:
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Key Employees/Advisors

OWNERS/KEY EMPLOYEES

Name	Title/Duties	Age/DOB	Owner (%)	Annual Compensation

What ownership changes, if any, are you considering in the future?

Which key employees are potential future owners? Why?

What is the compensation structure for key employees (salary, bonus, incentives)?

What, if any, other benefits are provided to key employees that are not made available to 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			

What do you feel your business is worth today?

If you were to forced to stop working, to whom would you transfer ownership of your business to?

What steps have you taken to ensure the successful transition of ownership in the above situation?

Do you have a "Buy-Sell" agreement?

☐ Yes

☐ No

If 'Yes,' does the Buy Sell agreement address:

☐ Death

☐ Disability

☐ Retirement

☐ Employment Termination

☐ Divorce

☐ 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?

☐ Yes

☐ No

Is the GLTD plan Benefits taxable to employees?

☐ Yes

☐ No

Is variable income (bonus, commissions) covered by GLTD?

☐ Yes

☐ 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?



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