ADVANCED PLANNING

Fact Finder Business Continuation

If you have multiple businesses, complete for each business.

1 BUSINESS INFORMATION		
Name of Business Entity Type (Check One): C-Corp S-Corp LLC (if LLC, taxed as S-Corp Yes / No) Partnership Owners and Ownership Percentage		
Name	Ownership Percentage	
2 BUSINESS VALUATION		
Date of last formal business valuation:	Fair Market Value (FMV) as of date of v	aluation:
Net Earnings (before taxes) for last five years: Current year: Prior year 1: F	Prior year 2: Prior year 3:	_ Prior year 4:
3 BUY-SELL INFORMATION		
Is a buy-sell agreement in place? Yes No	Date agreement was implemented or last update	d:
If yes, specify type: Entity Agreeme	ent Cross Purchase	Wait-and-See
Describe your business succession objectives and the	e steps you have taken to accomplish these objective	es.
2. How much longer do you want to work in the busines		
3. What is the annual after-tax income that you want du4. Who do you want as successor owner(s) of your busin		
Please explain:	less interest (e.g., tillio party, selected employees, E	SOF, failing members):
5. If you want your business interest transferred to your	family, answer the following questions:	
a. Do you have any children who are active (employed Who will be active?	d) in the business and some who are not?	
b. Do you have plans to give an inheritance to the ina If the plan is to give inactive children "fair value,"	active children? how will that be determined? Please explain:	
c. If inactive children are to own an interest in the buactive owners? Please explain:	usiness, what rights to income and liquidity should t	hey have relative to the

Investment and Insurance Products:

Not FDIC insured • Not insured by any federal government agency
 Not a deposit or other obligation of, or guaranteed by, any bank or its affiliates
 Subject to investment risks, including possible loss of the principal amount invested

Prudential

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		and when you want to begin to willing to give up control?	transfer ownership of y	our business interest.
. Do you have man	agement people in place	who can run the business in you	ur absence? Explain:	
4 FL	JNDING INFORMATION			
. Is a funding mecl	nanism in place? Yes	, life insurance Yes, disabilit	ty insurance Yes, o	ther than insurance No
If "Yes, other tha	n insurance," describe th	e financing arrangement:		
If "Yes, life insura	ance" and/or "Yes, disabi	lity insurance," list the following	g information:	
Insured	Owner	Premium Payer	Beneficiary	Face Amount Policy Type Annual Premium
_		desirable, to protect your intere cruptcy, or transfer to a successo	_	of your business interest
3. Have you worked "equity"? Please		or other taxes will not interfere	with your plans for bus	iness continuation or family

T or about managing or investing your retirement savings. If you would like information about your particular investment needs, please contact a financial professional.

We do not provide tax, accounting, or legal advice. Clients should consult their own independent advisors as to any tax, accounting, or legal statements made herein.

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