



Our financial professionals will take the time to listen, learn about you and your enterprise and help you develop strategies that you feel are best suited to your needs.

After all, it's not about where life takes you, it's about where you take life.

MassMutual.
We'll help you get there.®

Business Fact Finder

Business Data

Today's Date _____

Name: _____

Address: _____

Date Established/Incorporated: _____

Started by Present Owners Ownership acquired

Business Organization: Corporation Partnership
 Sole Proprietorship Sub-Chapter S
 Limited Liability Company Professional

Type of Business: Manufacturing Service Wholesale
 Retail Other

Describe: _____

Employees: Exempt (# _____) Non-exempt (# _____)

Person Interviewed: _____

Position: _____

Phone: _____

Tax Data:

Business is: Tax Exempt Fiscal Year Ends _____

Tax Basis: Accrual Cash Basis Profit Making

Key Business Advisors

Financial Advisor/Agent: _____ Notes _____

Attorney: _____ Notes _____

Accountant: _____ Notes _____

Principal Bank: _____ Notes _____

Business Plans

How long do you plan to run this business? What do you want to accomplish with the business for yourself, your family and/or your employees? Where do you plan to be in the next 5-10 years?

What would happen (or what would you want to happen to your business in the event of your death, inability to work/disability or retirement?

Do you feel the control and value of your business should be retained for family members? Have you made provision for the payment of your estate taxes and settlement costs? Could the business survive if you took a two year vacation?

NOTES:

Business Priorities Ranking

- Maintain value and control in family
- Sale or transfer to associates or employees
- Liquidation of interest at death, disability, retirement (liquidity and family income)
- Retention of key employees
- Maximize possible fringe benefits to client
- Minimize estate taxes and costs
- Preservation and management of estate
- Other

NOTES:

Business owner(s) benefits and financial planning

Name	Age	Annual Salary	Benefit Package May include: Qualified or Employer Sponsored Benefits
			<input type="checkbox"/> Health <input type="checkbox"/> ST Disability <input type="checkbox"/> LT Disability <input type="checkbox"/> Term Life <input type="checkbox"/> Disability <input type="checkbox"/> 401(k) Match Unqualified or Voluntary <input type="checkbox"/> Dental <input type="checkbox"/> 401(k) <input type="checkbox"/> Vision <input type="checkbox"/> Supp. Life <input type="checkbox"/> Supp. DI <input type="checkbox"/> Flexible Spending Account

Financial Plan may include: A Will Y N A Living Will? Y N A Power of Attorney Y N

Assets & Income may include: Own Home Y N Rental Income Y N A Trust Y N
 Other Income Y N Loans Y N

Retirement Portfolio may include: Qualified Accounts Y N Non-Qualified Accounts: Stocks/Mutual Funds Y N
 CD's Y N Annuities Y N Bonds Y N S Y N
 Social Security Y N Pension Y N

Key Employees: Non Owners

Name	Age	Annual Salary	Benefit Package
			May include: Qualified or Employer Sponsored Benefits
			<input type="checkbox"/> Health <input type="checkbox"/> ST Disability <input type="checkbox"/> LT Disability <input type="checkbox"/> Term Life <input type="checkbox"/> Disability <input type="checkbox"/> 401(k) Match
			Unqualified or Voluntary
			<input type="checkbox"/> Dental <input type="checkbox"/> 401(k) <input type="checkbox"/> Vision <input type="checkbox"/> Supp. Life <input type="checkbox"/> Supp. DI <input type="checkbox"/> Flexible Spending Account

Would the loss of any key employee: Affect sales? Y N Affect profit? Y N Affect credit? Y N

What is being done to retain the services of key employees?

NOTES:

