

Life Portraits™ SS Financial Analysis FactFinder

Business Needs Analysis Data

Group Data

Name	Category <input type="checkbox"/> Client <input type="checkbox"/> Prospect <input type="checkbox"/> Lead
Address	Business Type <input type="checkbox"/> Business <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Education <input type="checkbox"/> Religious Org <input type="checkbox"/> Association
Address	Status <input type="checkbox"/> Placed <input type="checkbox"/> Inactive <input type="checkbox"/> Pending
City State, Zip	Last Contact Date
Comments	Next Contact Date

Group Members

Name	Age	Date of Birth _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Primary Contact (Select one member per group only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner <input type="checkbox"/> Yes _____	No. of shares <input type="checkbox"/> No	
Key Person <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Compensation \$ _____	Title: _____	
	Salary Multiplier (1-10) _____	Methods and Valuation	Weight
	Loss of Value (0-100): _____%	Multiple of Salary (1-10): _____	
	Months to Replace (0-24): _____	Excess Earnings (1-10): _____	
	Months to Full Production (0-24) : _____	Loss of Value (1-10): _____	
	Salary Increase Rate (0-20): _____%	Replacement Cost (1-10): _____	

Name	Age	Date of Birth _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Primary Contact (Select one member per group only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner <input type="checkbox"/> Yes _____	No. of shares <input type="checkbox"/> No	
Key Person <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Compensation \$ _____	Title: _____	
	Salary Multiplier (1-10) _____	Methods and Valuation	Weight
	Loss of Value (0-100): _____%	Multiple of Salary (1-10): _____	
	Months to Replace (0-24): _____	Excess Earnings (1-10): _____	
	Months to Full Production (0-24) : _____	Loss of Value (1-10): _____	
	Salary Increase Rate (0-20): _____%	Replacement Cost (1-10): _____	

Group Members (continued)

Name	Age	Date of Birth _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Primary Contact (Select one member per group only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ No. of shares	
Key Person <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Compensation \$ _____	Title: _____	
	Salary Multiplier (1-10) _____	Methods and Valuation	Weight
	Loss of Value (0-100): _____%	Multiple of Salary (1-10): _____	
	Months to Replace (0-24): _____	Excess Earnings (1-10): _____	
	Months to Full Production (0-24) : _____	Loss of Value (1-10): _____	
	Salary Increase Rate (0-20): _____%	Replacement Cost (1-10): _____	

Name	Age	Date of Birth _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Primary Contact (Select one member per group only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ No. of shares	
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	Loss of Value (0-100): _____%	Multiple of Salary (1-10): _____	
	Months to Replace (0-24): _____	Excess Earnings (1-10): _____	
	Months to Full Production (0-24) : _____	Loss of Value (1-10): _____	
	Salary Increase Rate (0-20): _____%	Replacement Cost (1-10): _____	

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Key Person <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Compensation \$ _____	Title: _____	
	Salary Multiplier (1-10) _____	Methods and Valuation	Weight
	Loss of Value (0-100): _____%	Multiple of Salary (1-10): _____	
	Months to Replace (0-24): _____	Excess Earnings (1-10): _____	
	Months to Full Production (0-24) : _____	Loss of Value (1-10): _____	
	Salary Increase Rate (0-20): _____%	Replacement Cost (1-10): _____	

Group Defaults

Tax Bracket of Employer _____%	Funding Options – method of funding split dollar rollout and deferred compensation payouts <input type="checkbox"/> Withdrawal <input type="checkbox"/> Loan <input type="checkbox"/> Withdrawal/Loan <input type="checkbox"/> Bonus
Cost of Money Before Tax _____%	Discount Rate Before Tax _____%
Assume Death at Age (either from Life Expectancy Table – next field – or entered by user)	Life Expectancy Table <input type="checkbox"/> Single Life Table <input type="checkbox"/> Enter Age _____
Economic Benefit <input type="checkbox"/> None <input type="checkbox"/> Government Rates (Table 2001) <input type="checkbox"/> Client Company Term Rates, if available	
Use Sinking Fund vs. FASB Unit Credit (for deferred compensation reports) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Business Needs Presentation Data

Key Employee Valuation

Business Value (\$) \$ _____	Value of Business Assets (\$) \$ _____
Net Annual Income \$ _____	Fair Return on Assets (%) _____%
Capitalization Rate (%) _____%	

Business Continuation

Total Estimated Business Value: \$ _____	
Select one: <input type="checkbox"/> Entity Purchase <input type="checkbox"/> Cross Purchase	: If Cross Purchase, select one <input type="checkbox"/> Proportional <input type="checkbox"/> Non-proportional
Shrinkage in value at forced sale _____%	
Bank Loan: Interest Rate: ____% No. of Years: _____	Installment Loan: Interest Rate ____% No. of Years: _____

Business Valuation

Balance Sheet Data

\$ _____ Cash	\$ _____ Plant and Equipment
\$ _____ Receivables	\$ _____ Depreciation
\$ _____ Inventory	\$ _____ Current Liabilities
\$ _____ Other Current Assets	\$ _____ Long-term Liabilities
\$ _____ Land	

Income Statement Data

\$ _____ Sales	\$ _____ Excess Compensation
\$ _____ Cost of Goods Sold	\$ _____ Nonrecurring expenses
\$ _____ Operating Expenses	

Direct Estimate of Book Value	\$ _____	Direct Estimate of Book Value Weight (0-5)	_____
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Capitalization of Earnings Rate	_____%	Capitalization of Earnings Weight (0-5)	_____
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Expected Fair Market Return (On Tangible Assets)	_____%	Excess Earnings Weight (0-5)	_____
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Goodwill Capitalization Rate	_____%		
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Annual Revenue Multiplier	_____%	Multiple of Revenue Weight (0-5)	_____
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Executive Compensation

Ownership and Control (select one)

- Executive owns and controls policy
- Executive owns, corporation receives an "assignment" of the policy for premium loans until retirement
- Corporation owns, corporation "endorses" the amount at risk to executive's beneficiaries
- Corporation owns and controls the policy

Assign importance (1-5) _____

Primary Benefits (select one)

- Provide survivor benefits now and cash benefits now
- Provide survivor benefits now and cash benefits later
- Provide survivor benefits later and cash benefits later

Assign importance (1-5) _____

Deductibility (select one)

- All contributions to the plan may be fully deductible now by the corporation
- Some contributions to the plan may be partially deductible now by the corporation

Assign importance (1-5) _____

- All contributions to the plan may be fully deductible later by the corporation
- All contributions to the plan may be deductible by the employee now, deductible later by the corporation

Employee Benefits

Group Life

Have you implemented this benefit? Yes No

Anticipated employee appreciation: Low Moderately low Average Moderately High High

Anticipated employer satisfaction: Low Moderately low Average Moderately High High

Group Medical

Have you implemented this benefit? Yes No

Anticipated employee appreciation: Low Moderately low Average Moderately High High

Anticipated employer satisfaction: Low Moderately low Average Moderately High High

Group Disability

Have you implemented this benefit? Yes No

Anticipated employee appreciation: Low Moderately low Average Moderately High High

Anticipated employer satisfaction: Low Moderately low Average Moderately High High

Qualified Plans

Have you implemented this benefit? Yes No

Anticipated employee appreciation: Low Moderately low Average Moderately High High

Anticipated employer satisfaction: Low Moderately low Average Moderately High High

Cafeteria Plans

Have you implemented this benefit? Yes No

Anticipated employee appreciation:

Low Moderately low Average Moderately High High

Anticipated employer satisfaction:

Low Moderately low Average Moderately High High

Payroll Deduction

Have you implemented this benefit? Yes No

Anticipated employee appreciation: Low Moderately low Average Moderately High High

Anticipated employer satisfaction: Low Moderately low Average Moderately High High