



## Exploring business owner financial priorities

Answer the questions below, then rate their level of importance to you (1 most important, 6 least important).

- |   |          |                          |
|---|----------|--------------------------|
| <b>1. Exit Planning</b>   | Yes / No | Ranking                  |
| Have you established a definite time period to transfer your business to a specific party at an established price?  |          | <input type="checkbox"/> |
| <b>2. Retirement Income</b>   | Yes / No | Ranking                  |
| Are you or your key employees able to set aside enough money for retirement considering the limited amount of contributions that can be made to an employer-sponsored 401(k) plan? Do you have fringe benefits in place to help you recruit, reward and retain key employees? |          | <input type="checkbox"/> |
| <b>3. Business Protection</b>   | Yes / No | Ranking                  |
| In the event of a death, resignation of a key employee or a future change in management, would your business be as successful as it is today?   |          | <input type="checkbox"/> |
| <b>4. Wealth Transfer</b>   | Yes / No | Ranking                  |
| Is your will/trust current and does it accurately reflect how you want your assets distributed?   |          | <input type="checkbox"/> |
| <b>5. Survivor Income</b>   | Yes / No | Ranking                  |
| Will your spouse and beneficiaries be able to maintain their desired standard of living after your death?   |          | <input type="checkbox"/> |
| <b>6. Income Protection</b>   | Yes / No | Ranking                  |
| Upon an accident or severe illness, would you be able to meet present financial obligations based on your expected income during that stressful time?   |          | <input type="checkbox"/> |

1. Business name \_\_\_\_\_

1a. Owner(s) name \_\_\_\_\_

2. Type of business entity:

<input type="checkbox"/> C corporation	<input type="checkbox"/> Professional corporation C corporation
<input type="checkbox"/> S corporation	<input type="checkbox"/> Professional corporation S corporation
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> LLC taxed as a partnership
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC taxed as a corporation
<input type="checkbox"/> Tax exempt	

3. Total number of employees:

<input type="checkbox"/> 1-9	<input type="checkbox"/> 201-500
<input type="checkbox"/> 10-50	<input type="checkbox"/> 501+
<input type="checkbox"/> 51-200	

4. Number of business owners

<input type="checkbox"/> Publicly traded	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 4+
<input type="checkbox"/> 2	

5. How many years has the business been operating?

<input type="checkbox"/> Fewer than 3	<input type="checkbox"/> 10-20
<input type="checkbox"/> 3-5	<input type="checkbox"/> 21+
<input type="checkbox"/> 6-9	

6. Business tax rate (enter owner's tax rate if business is taxed as a flow-through organization):  
 \_\_\_\_\_%

7. Professional advisors:	Name	Phone	Address
Attorney:	_____	_____	_____
Accountant:	_____	_____	_____
Banker:	_____	_____	_____
Insurance advisor:	_____	_____	_____
Investment advisor:	_____	_____	_____
Employee benefits advisor:	_____	_____	_____

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