

executive benefits

part 1: business information

Full Name: _____

Business Phone Number: _____ Business Fax: _____

Nature of Business: _____

Mailing Address: _____

Business Structure: Corporation (C or S) LLC General Partnership Limited Partnership
 Sole Proprietor Other: _____

1. Have you planned for the continuation of your business upon the death, disability or retirement of the current owners?
If so, how? _____

part 2: benefit objectives

1. What benefit programs do you currently have for your employees?

Group Medical Group Life: Amount: \$ _____ Group Disability: (LT ST)
 401(k) Group Dental Medical Reimbursement
 Profit Sharing Pension SEP/SARSEP
 Other: _____

2. What do you like most about your existing benefit programs?

3. What do you like least about them?

4. In your opinion, should your benefit program favor all employees or just yourself and your key executives?

Life Insurance Products: Are Not a Deposit of Any Bank, Are Not FDIC Insured, Are Not Insured by Any Federal Government Agency, Are Not Insured by Any Federal Government Agency, Are Not Guaranteed by Any Bank or Savings Association. Variable Life Insurance May Go Down in Value.

part 3: plan selection considerations

1. With respect to Retirement Income and Survivor Death Benefits, what is to be the emphasis of the benefits?

- Both Important, But Retirement Income More Important
 Both Important, But Death Benefit Protection More Important
 Retirement and Death Benefits Equally Important
 Retirement Income Important, Death Benefits Not Important
 Death Benefit Protection Important, Retirement Income Not Important

2. How important is it for the entity to obtain a current tax deduction?

- Overriding Important Would Like Unimportant

3. How important is it to provide a benefit that is free from current income taxation to the owner/key employee?

- Overriding Important Would Like Unimportant

4. How important is it for the entity to recover its costs?

- Overriding Important Would Like Unimportant

5. How important are “golden handcuffs” and simplicity and low administrative costs?

- | | | | |
|---------------------------|-----------------------------------------|------------------------------------|-----------------------------------------|
| “Golden Handcuffs”: | <input type="checkbox"/> Very Important | <input type="checkbox"/> Important | <input type="checkbox"/> Less Important |
| Simplicity: | <input type="checkbox"/> Very Important | <input type="checkbox"/> Important | <input type="checkbox"/> Less Important |
| Low Administrative Costs: | <input type="checkbox"/> Very Important | <input type="checkbox"/> Important | <input type="checkbox"/> Less Important |

6. How important is it to provide a benefit secure from the entity’s creditors?

- Overriding Important Would Like Unimportant

7. How willing is employer to fund for additional benefits?

- Very Willing Willing Somewhat Willing Reluctant Reluctant

8. How important is the plan’s impact on the employer’s Balance Sheet?

- Critical Important Somewhat Important Unimportant

9. Describe the entity’s current financial stability and continuity.

- Very Stable Stable Unstable Very Unstable

10. Relative tax brackets of the entity and the owners? (for C shareholder only)

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Entity more than 5% lower than Owners | <input type="checkbox"/> Entity more than 2% lower than Owners |
| <input type="checkbox"/> Entity more than 2% higher than Owners | <input type="checkbox"/> Entity more than 5% higher than Owners |
| <input type="checkbox"/> Entity about equal to Owners | |

11. How important is it that the employee be able to keep the proceeds of the plan out of his/her estate?

- Overriding Important Would Like Unimportant

12. Is the employee interested in deferring income?

- Very Interested Interested Neither Not Inclined Will Not Defer

part 4: design assumptions

1. Cost of money rate (before tax): _____
2. Salary inflation rate: _____
3. Retirement age: _____
4. Assumed mortality age: _____
5. How long are the benefits to be paid? _____
6. Integrate benefits? If so, how? _____
7. Cap on benefits or salary (please describe): _____
8. Assumed salary increase rate: _____
9. Other Information: _____

part 5: census

Name	Age/ DOB	Gender	Smoking Status	Salary	Marginal Income Tax Bracket	% Ownership	Deferral Amt or Benefit Desired or Premium or Face Amount

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