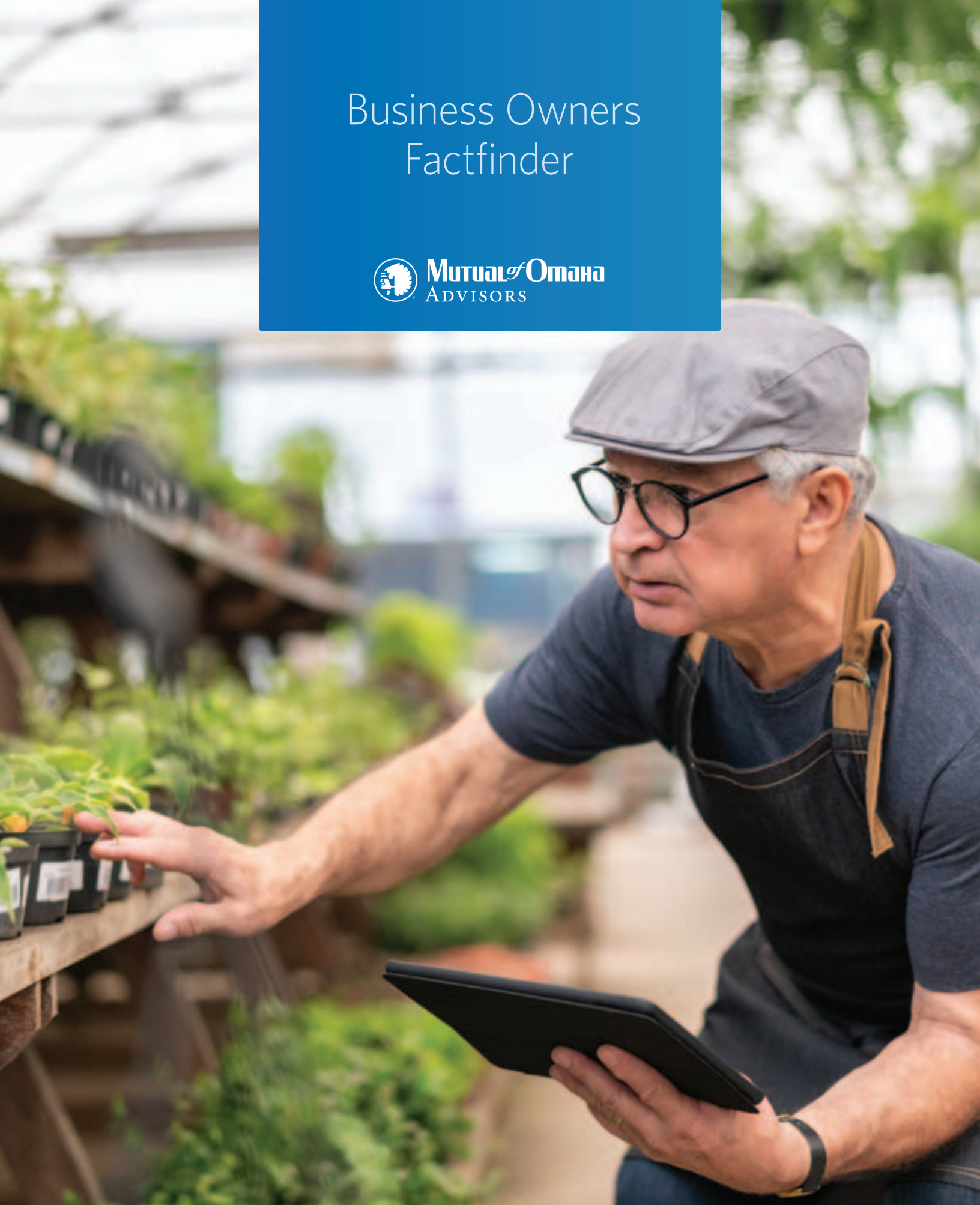


Business Owners Factfinder



Informal Business Valuation Request

How does your business owner client plan for the future without knowing the value of their business?

Business Name _____

Business Owner Name _____ Date of Birth _____ Other Contact Name _____

Tax ID _____ Phone Number _____ Fax Number _____

Address _____ City/State/ZIP _____

Email Address _____

Number of Years in Business _____ Total Number of Employees _____

Do you rent or own your office space? Rent Own

a. If Rent: Is the rent paid to an independent 3rd party? Yes No

If Yes: What is your monthly rent? _____ What is the square footage? _____

b. If Own: Is your rent paid to an entity you own or are affiliated with? Yes No

If Yes: What is your current monthly rent you are paying or receiving? _____

What would the true market level monthly rent be? _____

What is the square footage? _____ What is the estimated value? _____

What is the remaining mortgage? _____

Form of Business: Sole Proprietorship Partnership S Corp C Corp
 LLC Other (please describe) _____

Do you plan on changing the business organizational form in the near future? _____

What is your estimate of the value of your business? _____

Have you had a formal appraisal? When was it done? What was the value? _____

What is your projected revenue growth? _____

What percentage of your business is recurring? _____

What percentage of your sales comes from your top three customers? _____

What would be the impact on revenues and profits if the owner(s) leave?

No impact Decline minimally Significant decline Plummet

IMPORTANT:

Attach the most recent three years of the following:

- Income statement/Profit and loss statement
- Balance sheet
- Company tax returns

Also, if prepared, please attach these documents:

- Cash flow statements
- Statements of owner's net
- Most recent valuation or appraisal

The purpose of this information is to assist the business owner in the furtherance of their planning. A formal appraisal would be needed to establish the value for tax purposes or prior to a transfer.

Tranferring Your Business

Are you planning on retiring?

When, and what plans have you made to provide for your retirement income needs? _____

What does your ideal exit plan from your business look like? _____

What specific plans have you made for the continuation of your business? _____

Have you designated successor management? _____

If the business is to be retained...

Who could manage the business tomorrow? _____

How will spouse/family receive income from the business? _____

Will additional cash in the business be needed to smooth out the transition? _____

If the business is to be sold...

Who will buy the business? _____

Do you have a written plan to transfer your company ownership? _____

If yes, what is the agreed upon price? _____

How current is your plan? _____

How was the valuation determined? _____

How is the plan funded? _____

If the business is to be transferred...

When and who will you transfer management control to? _____

When and who will you transfer ownership to? _____

If the business is to be liquidated...

What price would liquidation bring? _____

What arrangements have you made, if any, to make up the difference between this and the fair market value of your business?

Protecting Your Business

What would happen to your business if...

Something happened to your key employees (sick, leave or die)? _____

You couldn't come back to work (die or disabled)? _____

In the event of you or another owner's disability, would additional funds be needed to help the business pay for normal operating expenses? Yes No How much \$ _____ How long? _____

Do you currently have a plan in place to pay for these expenses? _____

Salary Continuation

At owner's disability, will salary/draw be continued?

Yes No How much? \$ _____ How long? _____

At a key employee's disability, will salary be continued?

Yes No How much? \$ _____ How long? _____

At another employee's disability, will salary be continued?

Yes No How much? \$ _____ How long? _____

Do you have any DI coverage to fund your plan? _____

Current or Desired Employee Benefit Plans

Does the business have any of the following plans in place for owners? Employees? Please explain.

- Retirement plans (e.g., 401(k), SIMPLE, SEP): _____
- Disability Income: _____
- Long-term Care: _____
- Other: _____

Business Owned Life Insurance						
Insured	Insurance Company	Type of Policy	Insurance Benefit	Cash Value Benefit	Annual Premium	Policy Loans

Total Life Insurance Benefits In-force _____

Protecting Your Family

What would happen to your family if...

You couldn't work in your business? _____

When you retire, become disabled or die, what do you want to happen to your business interest? _____

When a partner/owner retires, dies, or becomes disabled, do you want to buy their interest? Yes No

• Do you feel you and your family are financially prepared if something happens to you? _____

• What amount of money would provide your family an adequate standard of living should something happen to you? _____

• In the event of your death, what percentage of your monthly income should be provided for your family's continuing income needs? _____

Current Life Insurance In-Force						
Owner (A/B) (Mark "A" if "Client A") (Mark "B" if "Client B")	Insurance Company	Type of Policy (Group, Term, UL, Whole Life, etc.)	Insurance Benefit	Cash Value Benefit	Annual Premium	Beneficiaries

Total Life Insurance Benefits In-force _____

• In the event of your death, would you like your children's college education to be partially or fully funded?

Yes No

• What impact would being out of work due to an injury or illness have on your family's financial future?

Percentage of income to replace: Client A _____

Client B _____

Current Disability Insurance In-Force

Owner (A/B) (Mark "A" if "Client A") (Mark "B" if "Client B")	Insurance Company	Individual or Group Policy	Monthly Benefit	Elimination Period	Benefit Period	COLA Rate

Critical Illness

Whom do you know that has had cancer, a heart attack, or a stroke? _____

Do you currently own a critical illness policy? If so, what is the coverage amount and the premium?

Retirement Planning

• What are your thoughts or concerns about your retirement? _____

• Is there anything special you want to do in retirement? _____

At what age do you plan to retire? Client A _____ Client B _____

At what age will you begin to collect Social Security? Client A _____ Client B _____

Are you currently saving for retirement? Yes No

Professional Advisors

Advisor	Name	Address	Phone Number	Email
Attorney				
Accountant				
Banker				
Insurance Agent				
Financial Advisor				
Other _____				
Other _____				
Other _____				

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