

**Fax or E-Mail completed Fact Finder to: Diamond Financial Group** (check one or both):  Qualified  Nonqualified

**Telephone:** 954.625.1606      **Fax:** 954.625.1650      **E-Mail:** \_\_\_\_\_@metlife.com

**Producer Name** \_\_\_\_\_      **Agent #** \_\_\_\_\_

**Agency #** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**A. Company Background**

**Company Name:** \_\_\_\_\_

**How did you get started in your business?** \_\_\_\_\_

**When did you establish your business?** \_\_\_\_\_

**What makes your business unique?** \_\_\_\_\_

**How is your business going now?** \_\_\_\_\_

<b>Address:</b>	
<b>Primary Contact:</b>	<b>Phone:</b>
<b>E-mail:</b>	<b>Fax:</b>
<b>Company CPA:</b>	<b>Phone:</b>
<b>Company Attorney:</b>	<b>Phone:</b>

**B. Tax Status**

**Tax Distinct Entities:** Tax Bracket \_\_\_\_\_% Date Fiscal Year ends \_\_\_\_\_  Cash or  Accrual method

**C Corporation:**  
 Type:  Sole Shareholder     Multiple non-related shareholders     Family member shareholders

**Personal Service Corporation**

**Pass Through Tax Entities:** Date Fiscal Year ends \_\_\_\_\_  Cash or  Accrual method

**Partnership**

**LLC -- Taxed as a**  Proprietorship  Partnership  C Corp  S Corp

**S Corp -- Always been an S Corp?**  Yes  No If no, conversion date \_\_\_\_\_

**Proprietorship**

**Anticipated Net Profits \$** \_\_\_\_\_

**Non-Profit**

Type:  Government  Private

**C. Ownership:**

Owner Name	% Ownership	Percentage of ownership of other companies (Amount and Name of company)

Are any of the owners related?  Yes  No If yes, Name and relationship \_\_\_\_\_  
 \_\_\_\_\_

Anticipated changes in the future (check one): ( ) Expansion ( ) Merger ( ) Going Public  
 ( ) Sell the business ( ) No changes planned

**D. Company Benefits – Place a check to all that apply:**

Group Insurance: ( ) Medical ( ) Dental ( ) Life ( ) Long-term Disability ( ) LTC ( ) None  
 Retirement programs: ( ) 401(k) ( ) Profit Sharing ( ) SIMPLE ( ) SEP ( ) Defined Benefit ( ) None  
 Current Executive Benefit Plans: ( ) Executive Bonus ( ) Split Dollar ( ) Deferred Comp ( ) Other ( ) None  
 Other / Comments \_\_\_\_\_

**E. Concerns:**

Rank the Following: 1 being of little concern and 10 being of highest concern.

**As a business owner, how important is it to...**

		1-2	3-4	5-6	7-8	9-10
Maximize the tax savings of a qualified retirement plan? (Go to F)						
Continue the business in the event of your disability or death? (Go to G)						
Recognize key executives and owners through a reward program? (Go to H)						
Defer income today for your retirement tomorrow? (Go to I)						
Offer an "extra" retirement plan for owners and key people? (Go to J)						
Provide additional life insurance for yourself or other key people? (Go to K)						

**Producer Note:** Once questionnaire is completed, go to specific plan modules (F) through (K) based on the highest rankings. The owner's highest concern should be addressed first in the specific module followed by any other appropriate modules.

**Note:** Please try to avoid ranking questions the same number of importance.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. Qualified Retirement Plan:**

**If you do not have a plan:** Have you considered one?  Yes  No If yes, why didn't you adopt it?  
\_\_\_\_\_

**If you do have a plan:** What Type is it? \_\_\_\_\_

If 401(k): Is there an employer match?  Yes  No What is the formula? \_\_\_\_\_

Is it a *Safe Harbor* plan?  Yes  No

If yes, does it use a ( ) 3% non-elective or ( ) safe harbor match

Date established: \_\_\_\_\_

Age and service requirements: \_\_\_\_\_

Contribution or benefit formula: \_\_\_\_\_

If you were to begin (or enhance) a plan, what amount could you contribute annually on a tax-deductible basis:  
\$\_\_\_\_\_ per year, or as a \_\_\_\_\_% of compensation.

If this plan could include life insurance paid with tax -deductible dollars, would you choose:

Variable  Whole Life Other \_\_\_\_\_

**Producer Note: Please complete employee census information on attached sheet**

**G. Business Continuity:**

If you were to sell your company today how much would you ask for it? \$\_\_\_\_\_

How did you arrive at that value? (check one) ( ) Formula ( ) Book Value ( ) Appraisal Other \_\_\_\_\_

In the event of your death or disability, what would happen to your business? (check one)

( ) Sell it ( ) Close it ( ) Active family members will take over ( ) Not sure

Do you have a written plan?  Yes  No If yes, does it contain life insurance coverage?  Yes  No

Is it a Stock Redemption plan?  Yes  No Cross Purchase?  Yes  No

Have you made plans for the transfer of ownership in the event of long-term disability?  Yes  No

**Producer Note: In addition to completing questions below, complete employee census information on attached sheet**

Illustrate: ( ) Entity (one policy per Owner) ( ) Cross Purchase ( ) Trustee Cross Purchase (one policy per Owner)

Insurance Product Choice: ( ) UL ( ) VUL ( ) Whole Life ( ) Term (UL products offer Buy-Sell Concept illustrative capabilities)

Number of lives insured: Single Life Product Name \_\_\_\_\_

Earnings Assumptions:  UL - Hypothetical \_\_\_% or Current rate,  VUL - Hypothetical \_\_\_%, WL - Current Div Scale

Life Insurance coverage amount for each owner \$\_\_\_\_\_

Disability coverage amount recommended: \$\_\_\_\_\_

**H. Executive Bonus**

Officer of the Company  Yes  No      Management  Yes  No      Owner  Yes  No If yes, \_\_\_\_\_%

Would you like have an additional monthly source for retirement income? If so how much \$ \_\_\_\_\_

Would you like to minimize the insurance amount and maximize the retirement deferral  Yes  No

How much of a bonus? Dollar Amount \$ \_\_\_\_\_ Or Salary \_\_\_\_ %

Would you be interested in providing a zero out-of-pocket tax expense for the Executive by an additional bonus?  
 Yes, Double Bonus  No

For non-owners in the plan, would you like to restrict access to policy values?  Yes  No

**Producer Note: In addition to completing the questions below, complete employee census information on attached sheet**

Insurance Product Choice: ( ) UL ( ) VUL ( ) Whole Life

Number of Lives Insured: ( ) Single Life ( ) Second to Die      Product Name \_\_\_\_\_

Years to pay premium: Retirement age \_\_\_\_ Other \_\_\_\_

Earnings Assumptions:  UL - Hypothetical \_\_\_\_% or Current rate  VUL – Hypothetical Gross \_\_\_\_%

**I. Deferred Compensation**

Type of plan (check one) :      ( ) Income Deferral      ( ) 401(k) Mirror Plan

Are any Executive Contributions anticipated? If yes, % of salary \_\_\_\_ or \$ \_\_\_\_\_

Deferral Duration: \_\_\_\_ Deferral Crediting rate: \_\_\_\_%

Employer match  Yes If yes, how much \$ \_\_\_\_\_ Or Salary \_\_\_\_%

Assumed retirement age: \_\_\_\_\_

	Pre-Retirement	Retirement
Annual Benefit	\$ _____	\$ _____
Years Payable	_____	_____

Plan Funding (check one): ( ) Death Benefit ( ) Cash Value

Aggregate or Individual Funding (check one):      ( ) Aggregate      ( ) Individual Funding

If Aggregate Funding (check one):      ( ) Equal Face Amount      ( ) Equal Premium

Are there any existing Deferral Balances?  Yes  No If yes, fill in amounts on employee census

**Producer Note: In addition to completing the questions below, complete employee census information on attached sheet**

Insurance Product Choice: ( ) UL ( ) VUL

Insured: Single Life      Product Name \_\_\_\_\_

Years to pay premium: Retirement age \_\_\_\_ Other \_\_\_\_

Earnings Assumptions:  UL - Hypothetical \_\_\_\_% or Current rate  VUL – Hypothetical Gross \_\_\_\_%

**J. Supplemental Executive Retirement Plan**

Type of plan (check one): ( ) Defined Contribution ( ) Defined Benefit

Executive Contribution: \_\_\_\_% of salary or Dollar Amount \$\_\_\_\_\_ Targeted Retirement Age: \_\_\_\_\_

	Pre-Retirement	Retirement
Annual Benefit	\$ _____	\$ _____
Years Payable	_____	_____

\* If Pre-Retirement Benefit is Account Balance Type in "Balance"

Plan Funding (check one): ( ) Death Benefit ( ) Cash Value ( ) Both

Aggregate or Individual Funding (check one): ( ) Aggregate ( ) Individual Funding

If Aggregate Funding (check one): ( ) Equal Face Amount ( ) Equal Premium

Is there any existing Deferral Balances?  Yes  No If yes, fill in amount on employee census.

**Producer Note: In addition to completing the below, complete employee census information on attached sheet**

Insurance Product Choice: ( ) UL ( ) VUL

Number of Lives Insured: Single Life Product Name \_\_\_\_\_

Years to pay premium: \_\_\_\_ Retirement age Other \_\_\_\_

Earnings Assumptions:  UL - Hypothetical \_\_\_\_% or Current rate  VUL – Hypothetical

**K. Split Dollar Plans**

Would you like the company to have rights to ( ) some or ( ) none of the policy death benefits?

How much is the death benefit split? \_\_\_\_% or Schedule Amount \_\_\_\_\_

Would you like the company to receive back any payments it has made?  Yes  No

Plan Type: ( ) Collateral Assignment Split Dollar (CASD) ( ) Endorsement Split Dollar

	Pre-Retirement	Retirement
Annual Benefit	\$ _____	\$ _____
Years Payable	_____	_____

\* If Pre-Retirement Benefit is Account Balance Type in "Balance"

Corporate Reimbursement:

( ) Executive Rollout – Withdrawal ( ) Business Rollout – Withdrawal ( ) No Rollout  
( ) Executive Rollout - Pays by check ( ) Business Rollout – Forgives

**Producer Note: In addition to completing the below, complete employee census information on attached sheet**

Insurance Product Choice: ( ) UL ( ) VUL - ZFL 2002

Earnings Assumptions:  UL - Hypothetical \_\_\_\_% or Current rate  VUL – Hypothetical Gross \_\_\_\_%

Number of Lives Insured: Single Life Product Name \_\_\_\_\_

Initial payment regime: ( ) Economic Benefit ( ) Demand Loan ( ) Term Loan

Years to pay premiums: Retirement Age \_\_\_\_ Other \_\_\_\_

Premium Split \$\_\_\_\_\_ Death Benefit Split \$\_\_\_\_\_ Cash Value Split \$\_\_\_\_\_

Planned Rollout Year: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Employer Name \_\_\_\_\_

Date \_\_\_\_\_

State of Issue for illustrations requested: \_\_\_\_\_

**Employee Census**

Last Name	First Name	Sex	Date of Birth	Date of Hire	Smoker Y N	Ownership %	Job Title	W -2 Comp	Salary Deferral	Bonus Amount	Double Bonus Y N	Fed Tax Bracket	% Salary Increase	Part Time < 1000 Hours Y N
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

**\*Please list employees with ownership interests first**

**For requests in excess of 20 employees, please submit census electronically on an Excel spreadsheet.**

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**Agent Name** \_\_\_\_\_ **Agent #** \_\_\_\_\_ **Agent E-Mail** \_\_\_\_\_

**Telephone #** \_\_\_\_\_