

FACT FINDER**Business Continuation Supplement**

If you have multiple businesses, complete for each business. Please also complete the Confidential Business Fact Finder (0185400).

1**BUSINESS VALUATION**

Date of last formal business valuation: _____

Fair Market Value (FMV) as of date of valuation: _____

Net Earnings (before taxes) for last five years:

Current year: N/A Prior year 1: _____ Prior year 2: _____ Prior year 3: _____ Prior year 4: _____

2**BUY-SELL INFORMATION**Is a Buy-Sell Agreement in place? Yes No Date agreement was implemented or last updated: _____If Yes, specify type: Entity Agreement Cross Purchase Wait-and-See

1. Describe your business succession objectives and the steps you have taken to accomplish these objectives. _____

2. How much longer do you want to work in the business? _____

3. What is the annual after-tax income that you want during retirement? _____

4. Who do you want as successor owner(s) of your business interest (e.g., third party, selected employees, ESOP, family members)?
 Please explain: _____

5. If you want your business interest transferred to your family, answer the following questions:

a. Do you have any children who are active (employed) in the business and some who are not? _____
 Who will be active? _____
 Who will decide which children will be active? _____

b. Do you have plans to give an inheritance to the inactive children? _____
 If the plan is to give inactive children "fair value," how will that be determined? Please explain: _____

c. If inactive children are to own an interest in the business, what rights to income and liquidity should they have relative to the active owners? Please explain: _____

Continued on next page.

6. Describe how (sale, gift, inheritance, etc.) and when you want to begin to transfer ownership of your business interest. If applicable, at what point would you be willing to give up control?

7. Do you have management people in place who can run the business in your absence? Explain:

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FUNDING INFORMATION

1. Is a funding mechanism in place? Yes, life insurance Yes, disability insurance Yes, other than insurance No

If "Yes, other than insurance," describe the financing arrangement: _____

If "Yes, life insurance" and/or "Yes, disability insurance," list the following information:

Insured	Owner	Premium Payer	Beneficiary	Face Amount Policy Type Annual Premium

2. What safeguards are in place, or would be desirable, to protect your interest during the transition of your business interest (i.e., in the event of death, disability, bankruptcy, or transfer to a successor)? Please explain:

3. Have you worked out a plan so that estate or other taxes will not interfere with your plans for business continuation or family "equity"? Please explain:

Investment and Insurance Products:

Not Insured by FDIC, NCUSIF, or Any Federal Government Agency.
 May Lose Value. Not a Deposit of or Guaranteed by Any Bank, Credit Union, Bank Affiliate, or Credit Union Affiliate.