



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? _____

Address: _____

Primary Contact: _____ Phone: _____

E-mail: _____ Fax: _____

CPA: _____ Phone: _____

Attorney: _____ Phone: _____

B. Tax Status

Tax Distinct Entities: Est. Tax Bracket _____ % Date Fiscal Year ends _____ Cash or Accrual

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

Professional 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	Role in Company/Title	Percentage of ownership in other companies – (Amount and Name of company)

Do you (or co-owner(s)) have any family members in the business? Yes No

If yes, do you plan to include them in future ownership? Yes No

Have you (or co-owner(s)) thought about passing on the business to any family member by sale, gift or will? Yes No

If yes, to whom _____

D. Company Benefits – 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.

Ask the business owner: How important is it to ...

		Least	Most		
		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 and "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 concerns are rated go to specific plan modules (F) through (K) based on the highest importance. 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 Universal Life Whole Life Universal Life Other

Producer Note: Please complete employee census information on attached sheet

G. Business Continuity

Could the business survive your death or long-term disability? Yes No

If yes, what steps have you taken to ensure the survival? _____

Does your business have a line of credit? Yes No

If yes, what effect would death or long-term disability have? _____

Is the business real estate owned by an LLC? Yes No

If no, would you like information on this ownership strategy? Yes No

Have you ever considered passing your business interest to a key employee? Yes No

If you were to sell your business today to an outsider, how much would you ask for? \$ _____

How did you arrive at that value? Owner(s) estimate CPA Formal Appraisal

In the event of your death or disability, what would happen to your business? _____

Sell to partner Sell to Outsider Sell to Employee Close it Active family members will take over

Do you have a written buy-sell agreement? Yes No

If yes, does it contain life insurance coverage? Yes No

As part of our service, our home office specialists can work with you and your advisors to determine if the agreement will achieve your business continuity objectives.

Would you like to review the various methods of transferring business interest? Yes No

Producer Note: Please complete the information below as well as the employee census information on the last page

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

Product Type and Name _____

Life insurance coverage amount for each owner \$ _____ DI Coverage \$ _____

H. Executive Bonus

Do you have any other retirement benefit plans in place for your select key employees other than a qualified retirement plan? Yes No

– If yes, are you interested in reviewing the program to ensure it continues to match your objectives? Yes No

Whom does the plan cover? Officers Yes No Management Yes No Owners Yes No

As owner, how much of your retirement income will the business provide? \$ _____ or _____ %

Would you be interested in learning about a retirement strategy for you and or your key employees that will supplement your current retirement plans? Yes No

Would you prefer that the company receive a tax deduction today for a contribution to a retirement plan for your key employee? Yes No

Producer Note: Please complete the information below as well as the employee census information on the last page

Product Type and Name _____

Life Insurance coverage \$ _____ Or Annual Contribution \$ _____

I. Salary Deferral Plans

Would you like to provide company-owned life insurance protection on your highly compensated key employees that has a saving component for the business? Yes No

Is it important for the business to recover contributions made to a supplemental incentive non-qualified retirement plan for your key employees? Yes No

Would you like to provide a pre-retirement survivor benefit for your key employees as part of an incentive retirement plan? Yes No

If the plan permitted, would you as the owner(s) wish to participate? Yes No

Producer Note: Please complete the information below as well as the employee census information on the last page

Product Type and Name _____

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	\$ _____	\$ _____
Year 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, how much \$ _____

J. Supplemental Executive Retirement Plans

Is a current tax deduction more important than the ability to defer income? Yes No

Would you like to provide a supplemental non-qualified retirement plan to s select group of highly compensated and management employees? Yes No

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

Executive Contribution: _____ % of salary or Dollar Amt \$ _____ Targeted Retirement Age: _____

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

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: Please complete the information below as well as the employee census information on the last page

Number of Lives Insured: Single Life Product Name

Years to pay premium: Retirement age Other

K. Split Dollar Plans

Does the business have any life insurance on key individuals that is not targeted specifically to pay down corporate debt? Yes No

Would you like to review options that will provide life insurance protection to selected key employees? Yes No

If yes, are you willing to share the insurance death benefits with those key employees? Yes No

Producer Note: Please complete the information below as well as the employee census information on the last page

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 \$

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	\$	\$
Year Payable		

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

Corporate Reimbursement:

Executive Rollout – Withdrawal Businesses Rollout – Withdrawal No Rollout

Executive Rollout – Pays by check Business Rollout – Forgive

Employer Name:

Date:

State of Issue for Illustrations requested:

Last Name	First Name	Sex	Date of Birth	Date of Hire	Smoker Y N	Ownership %	Job Title	W-2 Comp	K-1 Income	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.															
14.															
15.															
16.															
17.															
18.															
19.															
20.															

Please list employees with ownership interests first. For more than twenty employees, please complete census in an Excel spreadsheet format and e-mail or fax your request to our team.

Insurance products are issued by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02116 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595.

©2008 John Hancock. All rights reserved.

