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|  |  |
| Agribusiness solutions  Strategic planning information |

**Family information**

**You and your spouse**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of birth | Occupation | Number of remaining working years | Notes |
|  |  |  |  |  |
|  |  |  |  |  |

**Your children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of birth | Spouse | Number of children | Notes |
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**Your parents**

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| --- | --- | --- | --- | --- |
| Name | Date of birth | Health | Number of children | Do they have an estate plan? |
|  |  |  |  |  |
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**Your goals**

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| --- | --- | --- | --- | --- |
| 1. To whom will you sell or transfer the agribusiness? | | | | |
| Family member  Co-owner  Third party  Other  Unsure | | | | |
| Name(s): |  | Relationship: | |  |
| 2. When do you want to transition out of the operation? | | | | |
| During lifetime  Following death  Specified date | | |  | |
| Partly during lifetime \ partly following death  Not yet determined | | | | |

|  |  |  |
| --- | --- | --- |
| 3. How do you plan to transition the agribusiness? | | |
| Gift  Sale  Bequest  Combination  Unsure | | |
| 4. Do you have a written agreement stating the terms and conditions of this transfer? | | |
| Yes, in estate plan  Yes, in buy-sell agreement  Yes, in operating agreement | | |
| Yes, in other document  No  Unsure | | |
| 5. If you have a buy-sell, what are the triggering events? (Check all that apply) | | |
| Death  Disability  Termination of employment  Divorce | | |
| Personal bankruptcy  Other |  | Not applicable |
| 6. Is the buy-sell agreement funded with life insurance? | | |
| Yes  No  Unsure  Not applicable | | |
| If yes, please provide values in schedule on page 5. | | |
| 7. Is the buy-sell agreement funded with disability insurance? | | |
| Yes  No  Unsure  Not applicable | | |
| If yes, please provide values in schedule on page 5. | | |
| 8. Do you have a plan to protect you and your future successor(s) in the event of his or her death or disability? | | |
| Yes  No  Unsure | | |

**Summary information**

|  |  |  |  |
| --- | --- | --- | --- |
| Agribusiness name | Successor(s) | Entity type | Primary asset(s) |
|  |  |  |  |
|  |  |  |  |

**Estate plans**

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| Your estate plans serve a key role in the continuation of your agribusiness. Please tell us what you have and what you would like to accomplish. |

**What do you have?**

|  |  |
| --- | --- |
| Last will and testament | Yes  No  Unsure |
| Revocable trust | Yes  No  Unsure |
| Family trust | Yes  No  Unsure |
| Medical power of attorney | Yes  No  Unsure |
| Financial power of attorney | Yes  No  Unsure |
| Living will | Yes  No  Unsure |
| Irrevocable life insurance trust | Yes  No  Unsure |

**What are your distribution goals?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| All to spouse; then equal to children  Equal to children  All to spouse; then agribusiness to one heir; remainder of assets to other heirs  Agribusiness to one heir; remainder of assets to other heirs | | | | | | |
| Specified amounts | |  | Fair to all children (describe) | |  | | |
| Other |  | | | | | Unsure | |
| Are you confident your current estate documents provide for these distributions? | | | | | | | |
| Yes  No  Unsure | | | | | | | |
| Are you interested in gifting to charity? If yes, which charities? | | | |  | | | |
| Are you concerned about federal estate taxes? | | | | | | | |
| Yes  No  Unsure | | | | | | | |
| Are you interested in transferring the agribusiness at a discounted value? | | | | | | | |
| Yes  No  Unsure | | | | | | | |

**Financial summary**

|  |
| --- |
| We need to have a clear picture of your finances in order to assist you without delay. This information is personal, so we will keep it private. The personal financial information below must be completed to obtain the agribusiness solutions proposal. If you have additional detail to share, you can also provide separate financial statements. |

|  |  |  |  |
| --- | --- | --- | --- |
| Real estate | Owner | Value | Liabilities |
| Residence |  |  |  |
| Land |  |  |  |
| Building |  |  |  |
| Rental property |  |  |  |
| Other |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Agribusiness | Owner | Value | Liabilities |
| Equipment |  |  |  |
| Market livestock |  |  |  |
| Breeding livestock |  |  |  |
| Harvested crops |  |  |  |
| Growing crops |  |  |  |
| Accounts receivable |  |  |  |
| Other |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other assets | Owner | Value | Liabilities |
| Personal property |  |  |  |
| Vehicles |  |  |  |
| Collectibles |  |  |  |
| Co-op |  |  |  |
| Future inheritances |  |  |  |
| Other |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Personal assets | Owner | Value | Liabilities |
| Cash and equivalents |  |  |  |
| Investments |  |  |  |
| Retirement plans |  |  |  |
| IRAs |  |  |  |
| Roth IRAs |  |  |  |
| Annuities |  |  |  |
| Other |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Income sources | Annual income | Age income begins | Age income ends |
| Wages – you |  |  |  |
| Wages – spouse |  |  |  |
| Social security – you |  |  |  |
| Social security – spouse |  |  |  |
| Rental income |  |  |  |
| Agribusiness income |  |  |  |
| Installment contracts |  |  |  |
| Investment income |  |  |  |
| Pension income |  |  |  |
| Other income |  |  |  |

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| --- | --- |
| Do you feel you have adequate income producing assets and savings to generate enough income after you stop working? | |
| Yes  No  Unsure | | |
| How much income do you need annually for living expenses? |  |

**Life insurance policies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Description | Insured | Face amount | Cash value | Premium | Owner | Beneficiary |
|  |  |  |  |  |  |  |
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**Disability insurance policies**

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| --- | --- | --- | --- | --- | --- | --- |
| Description | Insured | Face amount | Premium | Elimination period | Owner | Beneficiary |
|  |  |  |  |  |  |  |
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| Is any of this coverage designated for creditors or lenders? |
| Yes  No  Unsure | |
| Are you concerned about a chronic illness? |
| Yes  No  Unsure | |
| Do you have a policy which includes provisions to protect you in the case of a chronic illness? |
| Yes  No  Unsure | |

**Assumptions**

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| Please let us know what assumptions you would like us to use. If you are unsure, you can leave this section blank and we will use defaults. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Growth rate on agribusiness assets: | % |  | Current income tax rate (State and Federal): | % |  |
| Growth rate on investments: | % |  | Current capital gains tax rate: | % |  |
| Inflation rate: | % |  | Mortality age: |  |  |

**Financial professional & proposal delivery information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name and designations: | | | |  | | |
| Email: |  | | | | Phone: |  |
| Name and designations: | | | |  | | |
| Email: |  | | | | Phone: |  |
| **Principal wholesaler:** | | |  | | | |
| Should anyone else (Financial professional or BGA) receive this proposal? If so, please provide: | | | | | | |
| Name: |  | | | | | |
| Email address: | |  | | | | |

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| --- |
| **Email** the completed RFP to: **newrfps@exchange.principal.com**  **Print** the completed RFP and fax it to the Case Design team: 866-946-3209  From receipt of completed RFP and all necessary documents, please allow 15-18 business days for proposals. The financial summary portion of this RFP is not optional, it must be completed to receive a proposal.  Questions can be sent to: **newrfps@exchange.principal.com** or call: 800-654-4278, ext. 55436 |