

Strategic planning information

Family information

You

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

Your children

| Name | Date of birth | Spouse | Number of children | Notes |
|------|---------------|--------|--------------------|-------|
|------|---------------|--------|--------------------|-------|

Your parents

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

Your goals

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

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. This information is personal, so we will keep it private. If additional space is needed, feel free to 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 | | | |

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 |
|-------------|---------|-------------|------------|---------|-------|-------------|
|-------------|---------|-------------|------------|---------|-------|-------------|

Disability insurance policies

| Description | Insured | Face amount | Premium | Elimination period | Owner | Beneficiary |
|-------------|---------|-------------|---------|--------------------|-------|-------------|
|-------------|---------|-------------|---------|--------------------|-------|-------------|

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

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:

_____ %

Growth rate on investments:

_____ %

Inflation rate:

_____ %

Current income tax rate (State and Federal):

_____ %

Current capital gains tax rate:

_____ %

Mortality age:

_____ %

Producer and proposal delivery information

Proposals will not be provided without an indication of a valid Principal agency, or BGA and/or bank/wire relationship.

Advisor name: _____

CFP® CLU® ChFC® CEBS LUTCF Other _____

Phone number: _____

Email address: _____

Bank/wire relationship: _____

Principal agency/Brokerage General Agency (BGA) office:

Principal wholesaler: _____

Should anyone else (producer or BGA) receive this proposal?

Name: _____

Email address: _____

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.

Questions can be sent to: newrfps@exchange.principal.com or call: 800-654-4278, ext. 55436



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