

BUSINESS CONTINUATION SUPPLEMENT

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

If you have multiple businesses, complete for each business.
The Confidential Business Fact Finder IFS-A069748 should also be completed.

1 BUSINESS VALUATION

Date of last formal business valuation:

Fair Market Value (FMV) as of date of valuation: N/A

| | | |
|--|--|---------------|
| Net Earnings (before taxes) for last five years: | Current year: <input type="checkbox"/> 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:

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:

3 FUNDING INFORMATION

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

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

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

| Insured | Owner | Premium Payor | Beneficiary | Face Amount/ Policy Type/ Annual Premium |
|---------|-------|---------------|-------------|--|
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1. 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:

2. 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:

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