



# Business Owner Welcome Kit

Liquidity • Protection • Tax Efficiency

# Your Financial Strategist

Ray Glaspie

Financial Strategist | Licensed Insurance Consultant

NPN 15322682

# Why Business Owners Plan Differently

- Irregular income and cash flow
- Concentration risk in the business
- Succession and exit planning needs
- Limited access to traditional retirement plans

# Core Planning Strategies

- Indexed Universal Life for flexible, tax-advantaged capital
  - Safe money strategies to protect excess cash
    - Income planning outside of qualified plans
    - Risk management for business continuity

## Next Steps

- Review which strategies fit your business and personal goals
  - Complete the pre-qualification materials provided
  - Coordinate with tax and legal professionals if needed
    - Schedule your strategy call



**Scan to Book Your Business Strategy Call**



# Indexed Universal Life for Business Owners

Liquidity • Tax Efficiency • Protection

# Why Business Owners Use IUL

- Tax-advantaged supplemental retirement income
  - Liquidity outside of the business
  - Key person and succession flexibility
- Protection for family and business interests

# Common Business Owner Use Cases

- Executive bonus / deferred compensation strategies
  - Buy-sell funding flexibility
  - Tax-diversified retirement income
- Asset repositioning from surplus cash

# Business Owner IUL Pre-Qualification

Business Name

Owner Name

Email

Phone

Years in Business

Annual Business Income Range

Comfortable Annual Funding

Primary Objective

I understand this is a long-term insurance strategy (10+ years)

I understand this is not a qualified retirement plan

# Next Steps

- Complete the business owner pre-qualification
  - Review custom IUL design options
- Coordinate with tax and legal professionals as needed
  - Schedule your strategy call



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## Pre-Insurance Health Questionnaire

### Client Information

Full Legal Name

Date of Birth

Phone

Email

Height

Weight

## Health History (check all that apply)

Heart disease / chest pain

High blood pressure

Diabetes

Stroke / TIA

Cancer (any type)

Asthma / COPD

Sleep apnea

Depression / anxiety

Alcohol or substance use

Other serious condition

Details (diagnosis, dates, treatment):

## **Lifestyle & Family History**

Tobacco / nicotine use

Alcohol consumption

Current medications

Primary care physician

Family health history

## Authorization & Disclosure

I certify that the information provided is true and complete and may be used for insurance underwriting purposes.

Client Signature

Date