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| **Estate tax exposure calculation**Request for proposal |

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| Date: |       |  |  |
| Principal® agency/BGA partner office name and number\*: |       |
| \*Proposals will not be provided without an indication of a valid Principal agency or BGA partner relationship. |

**Producer and proposal delivery information**

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| **Principal wholesaler:** |       |
| Producer name: |       |
| [ ]  CFP® [ ]  CLU® [ ]  ChFC® [ ]  CEBS [ ]  LUTCF [ ]  Other: |       |
| Producer name: |       |
| [ ]  CFP® [ ]  CLU® [ ]  ChFC® [ ]  CEBS [ ]  LUTCF [ ]  Other: |       |
| Producer phone number: | (    )       |
| Producer email address: |       |

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| Should anyone else (producer or BGA) receive this proposal? If so, please provide: |
| Name: |       |
| Email address: |       |

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| **Please allow 5 business days from receipt of RFP on all proposals.****Questions** can be sent to newrfps@exchange.principal.com or **call** 833-803-8345.**Email RFP** to newrfps@exchange.principal.com or **fax RFP** to Case Design Team, 866-946-3209. |

**Client information**

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| Client name(s): |       |
| Fair market value of estate: |       |
| Number of years to evaluate (between 10 and 20): |       |
| Assumed low growth rate: |       | (default 3%) |
| Alternate assumed high growth rate: |       | (default 5%) |

**Census**(If greater than 5 family members, attach spreadsheet or send electronically.)

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| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Date of birth | Gender | Smokingstatus | Riskclass | State |
| 1. |       |       |  |       |       |       |
| 2. |       |       |  |       |       |       |
| 3. |       |       |  |       |       |       |
| 4. |       |       |  |       |       |       |
| 5. |       |       |  |       |       |       |

**Notes**

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