|  |  |
| --- | --- |
|  |  |
| **Business owner retirement analysis**  Request for proposal |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | | |

**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: | |  | | | | |

|  |
| --- |
| **Please allow 5 business days from receipt of RFP on all proposals.**  **Questions** can be sent to newrfps@exchange.principal.com or **call** 1-833-803-8345.  **Email RFP** to newrfps@exchange.principal.com or **fax RFP** to Case Design Team, 866-946-3209. |

**Client information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business/organization name: | | |  | | | | | Issue state: | | | |  | | |
| Business structure: | | Corporation | | | | LLC | | | | | Partnership | | | |
|  | | Taxed as:  C corporation  S corporation | | | | Taxed as:  Partnership  C corporation  S corporation | | | | | Sole proprietorship  Not-for-profit organization | | | |
| Owner name: |  | | | | Owner date of birth: | | | |  | | | | | |
| Estimated value of business (if known): | | | | $ | | | Your percentage of ownership: | | | | | | % | |
| Has Principal already performed an informal business valuation?  Yes, value = | | | | | | | | | | $ | | | | No |

**Financial summary**

|  |
| --- |
| We need to have a clear picture of your finances in order to assist you. This information is personal, so we’ll keep it private. If additional space is needed, feel free to provide separate financial statements. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Real estate | | Ownership | Value | Liabilities |
| Residence | |  |  |  |
| Business building | |  |  |  |
| Vacation home | |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal assets | | Ownership | Value | Liabilities |
| Cash and equivalents | |  |  |  |
| Investments | |  |  |  |
| Retirement plans – you | |  |  |  |
| Retirement plans – spouse | |  |  |  |
| IRAs – you | |  |  |  |
| IRAs – spouse | |  |  |  |
| Roth IRAs – you | |  |  |  |
| Roth IRAs – spouse | |  |  |  |
| Annuities – you | |  |  |  |
| Annuities – spouse | |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other assets | | Ownership | Value | Liabilities |
| Personal property | |  |  |  |
| Vehicles | |  |  |  |
| Collectibles | |  |  |  |
| Future inheritances | |  |  |  |
| Other |  |  |  |  |

**Business transition information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To whom do you plan to transition your business? (mark all that apply) | | | | | | | | | |
| Co-owner  Key employee  Third party  Family member   Employee stock ownership plan (ESOP)  Unsure | | | | | | | | | |
| In how many years do you plan to transfer your business? | | | | | |  | | | |
| How do you plan to transition your business? | | | | | | | | | |
| Sell for lump sum  Transfer with installment note  Transfer with interest-only note  Gift  Bequest  Combination of gift, sale and bequest  Unsure | | | | | | | | | |
| Transition details: | |  | | | | | | | |
| Desired future sale price: | | | | $ | Seller’s capital gains tax rate: | | | | % |
| Down payment: | | $ | | | Note term: | | years | | |
| Seller’s basis: | $ | | | | Note interest rate: | | | % | |
| Seller’s income tax rate: | | | % | |  | | |  | |

|  |  |  |
| --- | --- | --- |
| Do you have a buy-sell agreement documenting your transition plans? | | Yes  No |
| Do you have a plan in place to protect your successor? | Yes  No | |

**Retirement information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Planned retirement age: | | |  | | | | | | | | | | Plan for retirement income to last until age: | | | | | | | | | |  |
| Current annual income: | | | $ | | | | | | | | | | | | | | | | | | | | |
| Desired retirement replacement ratio: | | | | | | | | 50%  60%  70%  80%  90%  100% | | | | | | | | | | | | | | | |
| Annual Social Security estimate: | | | | | | $ | | | | | | Begin at age: | | | |  | | | | | | | |
| (If not provided, will estimate based on Social Security maximums.) | | | | | | | | | | | | | | | | | | | | | | | |
| Rental income: | $ | | | | | | | | | | | | Business income: | | | | $ | | | | | | |
| Annual pension estimate: | | | | $ | | | | | | | | | | | Begin at age: | | | | |  | | | |
| Annual after-tax annuity estimate: | | | | | | | $ | | | | | | | | Begin at age: | | | | |  | | | |
| Annual tax-free life insurance income estimate: | | | | | | | | | | | $ | | | Begin at age: | | | |  | | | End at age: |  | |
| Qualified plan and taxable IRA balance: | | | | | | | | | $ | | | | Annual contributions: | | | | | | $ | | | | |
| Roth IRA balance: | | $ | | | | | | | | | | | Annual contributions: | | | | | | $ | | | | |
| Investment account balance: | | | | | $ | | | | | | | | Annual contributions: | | | | | | $ | | | | |
| Annual deferred compensation distributions: | | | | | | | | | | $ | | | | Begin at age: | | | |  | | | End at age: |  | |
| Other income: | $ | | | | | | | | | | | |  | | | |  | | | | | | |

|  |  |
| --- | --- |
| *Assumptions:* All calculations will assume a pre-retirement rate of return of 7.0%, a post-retirement rate of | |
| return of 6.0% and a 2.5% inflation factor. Note any desired changes: |  |