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| **Grantor Retained Annuity Trust**Request for proposal |

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| Date: |       |  |  |

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| 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**

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| --- | --- |
| 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: |       |

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

**Client information**

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| Client name: |       |
| Date of birth |       | Gender: |   | Tobacco status: |       | Risk class: |       |
| Spouse name: |       |
| Date of birth |       | Gender: |   | Tobacco status: |       | Risk class: |       |
| Issue state: |       |

**Product selection**

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| --- | --- | --- | --- | --- |
| Product: |       | Interest rate: |       | [ ]  Net [ ]  Gross |
| Face amount (Business and Advanced Solutions will solve for this, or you can provide): |       |
| Premium (Business and Advanced Solutions will solve for this, or you can provide): |       |
| Guaranteed until age (Business and Advanced Solutions will solve for this, or you can provide): |       |
| Number of years to pay premiums: |       |

**GRAT details**

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| --- | --- | --- | --- | --- |
| Amount of intended gift(before any discounts): | $      |  | Minority interest & marketability discount rate: |      % |
| Assumed growth rate: |      % (default 6%) | Assumed income rate: |      % (default 2%) |
| Length of GRAT (in years): |       |
| Do you want us to solve for a specific remainder interest? If yes, please indicate: |       |
| Amount of lifetime gift tax exemptions to use: | Client | $      |
|  | Spouse | $      |

**Notes**

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