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| **MULTI-OWNER BUY-SELL STRATEGY**  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: |  |

|  |
| --- |
| **Please allow 15 business days from receipt of RFP and all necessary documents for 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business name: |  | | | | | | | | | | | | | | | | | |
| Headquarters — city, state: | | |  | | | | | | | | | | | Issue state: | | |  | |
| Nature of business (manufacturing, financial services, etc.): | | | | | | | | | | |  | | | | | | | |
| Business structure and tax status: | | Corporation | | | | | | | LLC | | | | | | Partnership | | | |
| Taxed as:  C corporation  S corporation | | | | | | | Taxed as:  Partnership  C corporation  S corporation | | | | | | Sole proprietorship | | | |
| Business tax bracket (federal & state): | | | | | | | 21%  22%  24%  30%  32%  35% | | | | | | | | | | | |
|  | | | | | | | 37%  Other: | | | | |  | | | | | | |
| Estimated value of business today: | | | |  | | | | Annual growth rate: | | | | | | | | % | | |
| Estimated value of business at retirement: | | | | | | |  | | | | | | | | | | | |
| Buy-out terms at retirement: | | Lump sum | | |  | | | | |  | | | | | | | | |
|  | | Installment: | | | | Down payment: | | | |  | | | | | | | | |
|  | |  | | | | Number of annual installments: | | | | | | |  | | | Interest rate: | | % |

**Professional advisor names**

|  |  |  |  |
| --- | --- | --- | --- |
| Attorney: |  | Accountant: |  |

**Owner/key employee census**(If more than five people, attach spreadsheet or send electronically.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | Ownership percentage | Date of birth | Gender | Smoking status | Risk class | Tax rate |
| 1. |  | % |  |  |  |  | % |
| 2. |  | % |  |  |  |  | % |
| 3. |  | % |  |  |  |  | % |
| 4. |  | % |  |  |  |  | % |
| 5. |  | % |  |  |  |  | % |

**Plan design**(If more than five people, attach spreadsheet or send electronically.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Insured's name | Insured's age at buy-out | Years to complete buy-out | Buy-out payment | Funding | |
| Product (VUL, IUL, UL) | Interest\*\* |
| 1. |  |  |  | $ |  | % |
| 2. |  |  |  | $ |  | % |
| 3. |  |  |  | $ |  | % |
| 4. |  |  |  | $ |  | % |
| 5. |  |  |  | $ |  | % |

|  |
| --- |
| \*\*Interest rate is  Net  Gross |

**Existing insurance**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Insured's name | Policy owner | Beneficiary | Annual premium | Term or permanent? | Expiration date (if term) | Face amount | Cash  value |
| 1. |  |  |  | $ |  |  | $ | $ |
| 2. |  |  |  | $ |  |  | $ | $ |
| 3. |  |  |  | $ |  |  | $ | $ |
| 4. |  |  |  | $ |  |  | $ | $ |
| 5. |  |  |  | $ |  |  | $ | $ |