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

**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 | Smokingstatus | Riskclass | Taxrate |
| 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 completebuy-out | Buy-outpayment | Funding |
| Product(VUL, IUL, UL) | Interest\*\*  |
| 1. |       |       |       | $      |       |      % |
| 2. |       |       |       | $      |       |      % |
| 3. |       |       |       | $      |       |      % |
| 4. |       |       |       | $      |       |      % |
| 5. |       |       |       | $      |       |      % |

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

**Existing insurance**

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