|  |  |
| --- | --- |
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| **Principal® Death Benefit Only Plan**  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.**  **Email** the RFP or any questions to [newrfps@exchange.principal.com](mailto:newrfps@exchange.principal.com). You may also **call** 833-803-8345 with questions—or **fax** the RFP to 866-946-3209 (our Case Design team). |

**Client information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business/organization name: | |  | | | | Issue state: | |  |
| Business tax bracket (Federal & State): | | | 0%  21%  22%  24%  30%  32%  35% | | | | | |
|  | | | 37%  Other: | |  | | | |
| Business structure: | Corporation | | | LLC | | | Partnership | |
|  | Taxed as:  C corporation  S corporation | | | Taxed as:  Partnership  C corporation  S corporation | | | Sole proprietorship  Not-for-profit organization | |

**Employee information**(If greater than 5 employees, attach spreadsheet or send electronically.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Date of birth | Gender | Smoking status | Risk class | Normal retirement age |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

**Promised benefit/payout structure**For each employee, specify whether the structure of payout will be in a lump sum or annual payments—and provide the specific dollar amount of the benefit payout.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Payout structure | Length of payout (in years) | Payout | Eligibility |
| 1. |  | year(s) | Amount: $ |  |
| 2. |  | year(s) | Amount: $ |  |
| 3. |  | year(s) | Amount: $ |  |
| 4. |  | year(s) | Amount: $ |  |
| 5. |  | year(s) | Amount: $ |  |

**Policy design**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Funding | | | |
|  | Annual premium | Face amount | Product (Term, UL, IUL, VUL) | Interest rate\*\* |
| 1. | $ | $ |  | % |
| 2. | $ | $ |  | % |
| 3. | $ | $ |  | % |
| 4. | $ | $ |  | % |
| 5. | $ | $ |  | % |
| \*\*Interest rate is  Net  Gross | | | | |