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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: |       |

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| --- |
| **Please allow 5 business days from receipt of RFP on all proposals.****Email** the RFP or any questions to 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 ofpayout(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 |