|  |  |
| --- | --- |
|  |  |
| **Principal® Bonus**  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. | | | | |

**Producer information**

|  |  |  |
| --- | --- | --- |
| Financial professional name and designations: | |  |
| Financial professional name and designations: | |  |
| **Principal wholesaler:** |  | |

**Proposal delivery**

|  |  |  |
| --- | --- | --- |
| Phone number: | | (    ) |
| Email address: |  | |

|  |
| --- |
| Should anyone else (Producer or BGA) receive this proposal? If so, please provide: |

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Email address: | |  |

|  |
| --- |
| **Please allow 5 business days from receipt of RFP on 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/organization name: |  | Issue state: |  |

**Financial modeling assumptions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business tax bracket (Federal & State): | |  | | |
| Business structure: | Corporation | | LLC | Partnership |
|  | Taxed as:  C corporation  S corporation | | Taxed as:  Partnership  C corporation  S corporation | Sole proprietorship  Not-for-profit organization |
| Benefit is for: | Owners  Employees  Both | | | |

**Contribution assumptions (choose one)**

|  |  |  |
| --- | --- | --- |
| **Contribution design** | | Gross Up (Double bonus) OR  Single bonus |
| **Restrictions** | Agreement to limit access to participant plan values | |

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

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

**Plan design**(If greater than 5 employees, attach spreadsheet or send electronically.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Employer contribution amount | Employee contribution amount | Face amount | Retirement age | Years to receive income | Amount of retirement income | Funding | |
| Product (VUL, IUL, UL) | Interest\*\* |
| 1. | $ | $ | $ |  |  | $ |  | % |
| 2. | $ | $ | $ |  |  | $ |  | % |
| 3. | $ | $ | $ |  |  | $ |  | % |
| 4. | $ | $ | $ |  |  | $ |  | % |
| 5. | $ | $ | $ |  |  | $ |  | % |

|  |
| --- |
| Net\*\*  Gross\*\* |

**Notes**

|  |
| --- |
|  |
|  |
|  |