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| **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: |       |

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| --- |
| Should anyone else (Producer 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.****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 | Smokingstatus | Riskclass | Taxrate |
| 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. | $      | $      | $      |       |       | $      |       |      % |

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| --- |
| [ ]  Net\*\* [ ]  Gross\*\* |

**Notes**

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