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| **Estate tax exposure calculation**  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. | | | | |

**Producer and proposal delivery information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Principal wholesaler:** | |  | | | |
| Producer name: |  | | | | |
| CFP®  CLU®  ChFC®  CEBS  LUTCF  Other: | | | | |  |
| Producer name: |  | | | | |
| CFP®  CLU®  ChFC®  CEBS  LUTCF  Other: | | | | |  |
| Producer phone number: | | | | (    ) | |
| Producer 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client name(s): |  | | | | | |
| Fair market value of estate: | | |  | | | |
| Number of years to evaluate (between 10 and 20): | | | | | |  |
| Assumed low growth rate: | |  | | (default 3%) | | |
| Alternate assumed high growth rate: | | | |  | (default 5%) | |

**Census**(If greater than 5 family members, attach spreadsheet or send electronically.)

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

**Notes**

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