|  |  |
| --- | --- |
|  |  |
| **Principal® Deferred Compensation – Select Reward**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.****Questions** can be sent to newrfps@exchange.principal.com or **call** 833-803-8345.**Email** RFPto newrfps@exchange.principal.com or **fax** RFPto Case Design Team, 866-946-3209. |

**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 | Smokingstatus | Riskclass | Taxrate |
| \*[ ]  1. |       |       |       |       |       |      % |
| \*[ ]  2. |       |       |       |       |       |      % |
| \*[ ]  3. |       |       |       |       |       |      % |
| \*[ ]  4. |       |       |       |       |       |      % |
| \*[ ]  5. |       |       |       |       |       |      % |

|  |
| --- |
| \* Check box if individual illustration is desired for each participant. |

**Plan options**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service requirement | Years |       | Or to age |       |  |
|  |  |  |  |  |  |
| At fulfillment | Lump sum reward bonus to key employee |       |  |
| Or amount for each year of service period | $      |  |
|  |  |  |  |
| Tax at fulfillment | Pay tax via withdrawal from policy cash value | [ ]  Yes |  |
| Other |       |  |
|  |  |  |  |
| Pre-retirement death benefit | **If Endorsement Split Dollar is used, choose:** |  |
| [ ]  **Option A:** Company gets the greater of premiums or cash value with the balance to employee |  |  |
| [ ]  **Option B:** Key employee receives level amount of | $      |  |
| [ ]  **Other:** |       |  |
| **If additional Key Person Insurance is needed:** |  |  |
| Provide details: |       |  |
|  |  |  |  |
| Retirement income(if selected) | [ ]  Yes |  |
| Maximum level amount for 15 years beginning at age |    | or in year |      |  |
| Or  |       | amount for |    | years beginning at age |    | or in year |      |  |
|  |  |  |  |
| Product |  |       | Interest rate: |      % | [ ]  Net [ ]  Gross |
| Premium is determined by the reward bonus amount.Face amount is defaulted to minimum. |
|  |  |  |  |  |  |

**Notes**

|  |
| --- |
|       |
|       |