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| **PRINCIPAL® ENDORSEMENT SPLIT DOLLAR**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. |

**Financial professional and 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.****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 |

**Notes**

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**Plan options**

**Pre-retirement death benefit**

|  |  |
| --- | --- |
|  **[ ]  Option A:** Key employee receives level amount of | $      |
| **[ ]  Option B:** Company receives level amount of | $      |
| **[ ]  Option C:** Company gets greater of premiums or cash value, balance to key employee |  |
| **Economic benefit cost** |  |
|  [ ]  Key employee pays tax on economic benefit via out-of-pocket cash |  |

**Exit strategy**

|  |  |
| --- | --- |
| **[ ]  Option A:** Maintain split dollar until death |  |
| **[ ]  Option B:** Terminate split dollar in year |       | or at age |       |
|  [ ]  **Method A:** Transfer policy ownership to employee |  |
|  [ ]  Pay tax via withdrawal from policy cash value |  |
|  [ ]  Other |  |
|  [ ]  **Method B:** Employee pays cash to purchase policy |  |

**Employee census**(If greater than 2 employees, attach spreadsheet or send electronically.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Date of birth | Gender | Smokingstatus | Riskclass | Taxrate |
| 1. |       |       |       |       |       |      % |
| 2. |       |       |       |       |       |      % |

**Plan design**(If greater than 2 employees, attach spreadsheet or send electronically.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Premium | Face amount | Retirementage | Amount of income | Years toreceive income | Funding |
| Product(VUL, IUL, UL) | Interest\*\*  |
| 1. | $      | $      |       | $      |       |       |      % |
| 2. | $      | $      |       | $      |       |       |      % |

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| --- |
| \*\*Interest rate is [ ]  Net [ ]  Gross |