

Principal National Life Insurance Company Principal Life Insurance Company

P.O. Box 10431, Des Moines, IA 50306-0431 www.principal.com

Your policy indicates its issuer, which is the company responsible for the policy obligations and is referred to herein as the 'Company'.

Business Plan Submission Checklist

For Assistance: 800-654-4278,

options 4,2,3

Employer	Employer Name:				
Info	Federal Tax ID:				
	Business (Tax) Structure:	☐ C-Corp ☐ S-Corp ☐ LLC-taxed as C-Corp ☐ Tax Exempt	☐ Sole Prop☐ LLC-taxe☐ Other:	•	
	Fiscal Year-End (e.g., 12/3	1):			
	Employer Address:				
		(Name)			
		(Name)			(Title)
		(Email Address)		(F	Phone #)
	(Suggested Policyowner & Beneficiary Arrangements)				
Identify the	Plan Type		Pricing	Policyowner	Beneficiary
Key Employee Retention & Retirement:					
□ Bonus □ Bonus − S Owner (coverage for S-Corp Owners) □ Bonus − LLC Member (coverage for LLC Members) □ Deferred Comp − Select Reward (also Findorsement Split Dollar, if applicable) □ Endorsement Split Dollar □ Loan Split Dollar			Sex Distinct Sex Distinct Sex Distinct Sex Distinct Unisex*	Personal Personal Personal Business Business Personal	Personal Personal Personal Business Split – use form DD 914 E Personal
Business Protection & Succession:					
☐ Key Person☐ Cross Purchase Buy-Sell☐ Entity Purchase Buy-Sell☐ ESOP Repurchase Plan☐ Other:		. Sex Distinct . Sex Distinct	Business Cross-Owned Business Business	Business Policyowner Business Business	
* Unisex pricing encouraged, or else BB 4502 Norris Letter of Understanding is required to obtain Sex Distinct pricing. (For Plan Types with Sex Distinct pricing indicated above, Unisex pricing is not available.)					
Underwritin	· —	☐ Full Underwriting ☐ Guaranteed Issue** ☐ Simplified Issue-Standard/Decline** ** Guaranteed and Simplified Issue underwriting programs require Principal's pre-approval.			
Plan Submission	Refer to next page – ✓ Checklist & Tips – for help submitting this business plan.				



Use this list to help submit your Business plan:

For ALL Plans, submit	Page 1 of this Business Plan Submission Checklist (submit only 1 per plan, not per application) Life Insurance Application(s) Illustration(s)/Quotation(s) or Illustration Disclosure form(s) - (N/A for Term ins.) Copy of signed Plan Agreement (Submit once available)		
Additional Items per Plan Type (Submit with Life Insurance Applications, or as soon as available)	 ■ Buy-Sell: To speed Underwriting, please submit A brief cover note to identify 3 things: Fair Market Value (FMV) of business and how this was determined, the percentage of business ownership for each of the owners, and whether a similar Life Application is being submitted for ALL business owners under the Buy-Sell plan and if NOT, why not? Copy of Business Valuation or Buy-Sell Agreement (if available – and submit both documents if any application is for more than \$10M Face). ■ Bonus: BB 6217 Restrictive Agreement (if applicable). If both Employer and Employee will pay premium, request List Billing and attach separate page to identify Employer/Employee premium splits. ■ Loan Split Dollar: Copy of signed Promissory Note (along with Plan Agreement). Appropriate Collateral Assignment form DD 168 or DD 9215. ■ Endorsement Split Dollar: DD 914 E Endorsement Split Dollar Benefit Instructions. (Note: On each Life Application, Beneficiary field should read, "See Split Dollar Benefit Instructions.") ■ Deferred Comp - Select Reward Plan: If Endorsement Split Dollar will apply in pre-retirement years, follow Endorsement Split Dollar instructions above. ■ ESOP Repurchase Plan: ESOP Repurchase Obligation Study (if available). 		
For Guaranteed Issue or Simplified Issue Underwriting	Copy of Principal correspondence (a prior email or letter) pre-approving use of the Guaranteed Issue and/or Simplified Issue Underwriting Program(s).		
For Employer Owned or Employer Trust-Owned Policies	☐ Employee Consent to be Insured form (one per proposed insured)		
For Trust-Owned Policies	☐ Trust Certification and Indemnification form RF 971		