



For Assistance: 800-654-4278,  
options 4,2,3

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# Checklist & Tips

Use this list to help submit your **Business plan**:

<b>For ALL Plans, submit...</b>	<input type="checkbox"/> Page 1 of this <b>Business Plan Submission Checklist</b> (submit only 1 per plan, not per application) <input type="checkbox"/> Life Insurance Application(s) <input type="checkbox"/> Illustration(s)/Quotation(s) or Illustration Disclosure form(s) - (N/A for Term ins.) <input type="checkbox"/> Copy of signed Plan Agreement (Submit once available)
<b>Additional Items per Plan Type</b>  (Submit with Life Insurance Applications, or as soon as available)	<input type="checkbox"/> <b>Buy-Sell:</b> To speed <b>Underwriting</b> , please submit... <ul style="list-style-type: none"> <li>A brief cover note to identify 3 things:             <ol style="list-style-type: none"> <li>Fair Market Value (FMV) of business and how this was determined,</li> <li>the percentage of business ownership for each of the owners, and</li> <li>whether a similar Life Application is being submitted for ALL business owners under the Buy-Sell plan... and if NOT, why not?</li> </ol> </li> <li>Copy of Business Valuation or Buy-Sell Agreement (if available – and submit both documents if any application is for more than \$10M Face).</li> </ul> <input type="checkbox"/> <b>Bonus:</b> <ul style="list-style-type: none"> <li>BB 6217 Restrictive Agreement (if applicable).</li> <li>If both Employer and Employee will pay premium, request List Billing and attach separate page to identify Employer/Employee premium splits.</li> </ul> <input type="checkbox"/> <b>Loan Split Dollar:</b> <ul style="list-style-type: none"> <li>Copy of signed Promissory Note (along with Plan Agreement).</li> <li>Appropriate Collateral Assignment form DD 168 or DD 9215.</li> </ul> <input type="checkbox"/> <b>Endorsement Split Dollar:</b> <ul style="list-style-type: none"> <li>DD 914 E Endorsement Split Dollar Benefit Instructions. (<u>Note:</u> On each Life Application, Beneficiary field should read, "See Split Dollar Benefit Instructions.")</li> </ul> <input type="checkbox"/> <b>Deferred Comp – Select Reward Plan:</b> <ul style="list-style-type: none"> <li>If Endorsement Split Dollar will apply in pre-retirement years, follow Endorsement Split Dollar instructions above.</li> </ul> <input type="checkbox"/> <b>ESOP Repurchase Plan:</b> ESOP Repurchase Obligation Study (if available).
<b>For Guaranteed Issue or Simplified Issue Underwriting</b>	<input type="checkbox"/> Copy of Principal correspondence (a prior email or letter) pre-approving use of the Guaranteed Issue and/or Simplified Issue Underwriting Program(s).
<b>For Employer Owned or Employer Trust-Owned Policies</b>	<input type="checkbox"/> Employee Consent to be Insured form (one per proposed insured)
<b>For Trust-Owned Policies</b>	<input type="checkbox"/> Trust Certification and Indemnification form RF 971