



Request for Proposal (RFP)

Date: Office:

Select Proposal Type (REQUIRED: check one box)

- Buy-Sell Review (REQUIRED: Complete sections 1, 2, 3, 4, 7) Please provide copies of policies or information on any/all Life insurance disability insurance policies associated with the buy-sell agreement.
Informal Business Valuation and Business Continuation Proposal (REQUIRED: Complete sections 1, 2, 3, 4, 5, 6, 9. If requesting a Select Buy-Out Plan EITHER section 6 0or 7 must be completed.)

Section 1: Marketer Information

Marketer: CFP® CLU® ChFC® CEBS LUTCF
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Section 2: Business Information

Company Name: Issue State:
Nature of Business (e.g. manufacturing, financial services, etc.):
Estimated Value of Business:
Requesting Review of Buy-Sell Agreement? Yes No N/A (Provide copies of any and only those documents that directly pertain to the buy-sell obligations of the owners.)
Annual Growth Rate: Number of years in business: Key Person Needs? Yes No
Business Tax Bracket: 35% 36% 37% 38% 39% 40% 43% 45% Other
Business Structure: CCorp. SCorp. LLC Partnership LLP Professional Corp. Other

Section 3: Informal Business Valuation

Please provide Balance Sheets for last 3 full years. Buy-Sell Agreement in place? Yes No
Please provide Income Statements for last 3 full years.
Purpose of Informal Business Valuation:
Are there any known factors that will significantly impact future earnings negatively or positively?

Section 4: Advisors' Names

Legal:
Accounting:
Banking:

Section 5: Plan Design		<i>OPTIONAL: To request a specific plan designs, please indicate them below.</i>		
<input type="checkbox"/> Sell to Co-Owner, Non-Family	<input type="checkbox"/> Cross Purchase <input type="checkbox"/> Entity Purchase <input type="checkbox"/> Wait and See Buy-Sell Cross Purchase	<input type="checkbox"/> Wait and See Buy-Sell Entity Purchase <input type="checkbox"/> Multi-Owner Buy Out	<input type="checkbox"/> Business Continuation General Partnership/LLC <input type="checkbox"/> Installment Sale	
<input type="checkbox"/> Sell to Employee or Third Party, Non-Family	<input type="checkbox"/> Select Buy Out—Bonus Design (Section 6 required) <input type="checkbox"/> Select Buy Out—Select Reward Design (Section 7 required) <input type="checkbox"/> Transfer, then Buy-Sell as a Co-Owner	<input type="checkbox"/> One-Way Buy-Sell <input type="checkbox"/> ESOP <input type="checkbox"/> Installment Sale		
<input type="checkbox"/> Sell to Co-Owner, Family. If family, Indicate Relationship:	<input type="checkbox"/> Cross Purchase <input type="checkbox"/> Entity Purchase <input type="checkbox"/> Wait and See Buy-Sell Cross Purchase <input type="checkbox"/> Wait and See Buy-Sell Entity Purchase	<input type="checkbox"/> Select Buy Out—Bonus Design (Section 6 required) <input type="checkbox"/> Select Buy Out—Select Reward Design (Section 7 required) <input type="checkbox"/> Multi-Owner Buy Out <input type="checkbox"/> Business Continuation General Partnership	<input type="checkbox"/> Installment Sale <input type="checkbox"/> GRAT	
<input type="checkbox"/> Sell to Employee or Third Party, Family. If family, Indicate Relationship:	<input type="checkbox"/> Select Buy Out – Bonus Design (Section 6 required) <input type="checkbox"/> Select Buy Out – Select Reward Design (Section 7 required) <input type="checkbox"/> No Sell Buy-Sell <input type="checkbox"/> One-Way Buy-Sell	<input type="checkbox"/> ESOP <input type="checkbox"/> Gift Business <input type="checkbox"/> Installment Sale <input type="checkbox"/> Interest Only Installment Sale	<input type="checkbox"/> Self-Cancelling Installment Sale <input type="checkbox"/> GRAT <input type="checkbox"/> Transfer, then Buy-Sell as Co-Owner	

Section 6: Design Options for Select Buy-Out – Bonus Design										
Employer Contribution Assumptions (Choose one)										
<input type="checkbox"/> ER Pay All Bonus Model (ER Pay Premium)		<input type="checkbox"/> Gross-up (Double)			<input type="checkbox"/> Gross-up (Single)					
<input type="checkbox"/> Match Model		<input type="checkbox"/> Bonus for taxes in employee contributions: _____ <input type="checkbox"/> Bonus for taxes in employer contributions: _____			<input type="checkbox"/> Gross-up (Double)		<input type="checkbox"/> None			
<input type="checkbox"/> Bonus for Taxes Model (Bonus for employee contributions)										
Restrictions: <input type="checkbox"/> Agreement to limit access to participant plan values										
Employee Census (If > 2 employees, attach spreadsheet or send electronically)										
1.	Name		Date of Birth		Smoking Status			Sex	Risk Class (STD, PR, SPR)	Tax Rate
	Job Title		Face Amount		Employee Contribution		Employer Contribution			
						<input type="checkbox"/> Non-tobacco <input type="checkbox"/> Tobacco				
								Interest Rate		Product
2.	Name		Date of Birth		Smoking Status			Sex	Risk Class (STD, PR, SPR)	Tax Rate
	Job Title		Face Amount		Employee Contribution		Employer Contribution			
						<input type="checkbox"/> Non-tobacco <input type="checkbox"/> Tobacco				
								Interest Rate		Product

Section 7: Design Options for Select Buy-Out – Select Reward Design

Service requirement: Number of years: _____ Or, to age: _____
 At fulfillment, lump sum reward bonus to executive: _____
 Or, amount for each year of service period: _____
 Tax at fulfillment: Pay tax via withdrawal from policy cash value? Yes or Other: _____
 Pre-retirement death benefit (if selected): Yes
Option A: Executive receives level amount of: _____
Option B: Company gets greater of premiums* or cash value, balance to executive: Yes
 Economic benefit cost: Pay tax on economic benefit via out-of-pocket cash? Yes Other
 *Premium is determined by the reward bonus amount. Face amount is defaulted to minimum.

Employee Census (If > 2 employees, attach spreadsheet or send electronically)

1.	Name	Date of Birth	Smoking Status <input type="checkbox"/> Non-tobacco <input type="checkbox"/> Tobacco		Sex	Risk Class (STD, PR, SPR)	Tax Rate
	Job Title	Face Amount	Employee Contribution	Employer Contribution	Funding Interest Rate Product		
2.	Name	Date of Birth	Smoking Status <input type="checkbox"/> Non-tobacco <input type="checkbox"/> Tobacco		Sex	Risk Class (STD, PR, SPR)	Tax Rate
	Job Title	Face Amount	Employee Contribution	Employer Contribution	Funding Interest Rate Product		

Section 8: Owner Information

<input type="checkbox"/>	Name	Title/Position	Date of Birth	Tobacco Status	Sex	Risk Class (STD, PR, SPR)	Tax Rate
	% Owner	Cost Basis	Total Compensation	**Excess Owner Salary	Funding Interest Rate Product		
<input type="checkbox"/>	Name	Title/Position	Date of Birth	Tobacco Status	Sex	Risk Class (STD, PR, SPR)	Tax Rate
	% Owner	Cost Basis	Total Compensation	**Excess Owner Salary	Funding Interest Rate Product		
<input type="checkbox"/>	Name	Title/Position	Date of Birth	Tobacco Status	Sex	Risk Class (STD, PR, SPR)	Tax Rate
	% Owner	Cost Basis	Total Compensation	**Excess Owner Salary	Funding Interest Rate Product		
<input type="checkbox"/>	Name	Title/Position	Date of Birth	Tobacco Status	Sex	Risk Class (STD, PR, SPR)	Tax Rate
	% Owner	Cost Basis	Total Compensation	**Excess Owner Salary	Funding Interest Rate Product		
<input type="checkbox"/>	Name	Title/Position	Date of Birth	Tobacco Status	Sex	Risk Class (STD, PR, SPR)	Tax Rate
	% Owner	Cost Basis	Total Compensation	**Excess Owner Salary	Funding Interest Rate Product		

* Check box if individual illustration desired for each participant

** Salary over and above what the owner would pay a key employee to perform similar services that the owner is now performing.

Section 9: Proposal Delivery Information (Choose one)

Mail

Phone Number: (____) _____

Street Address 1: _____

Street Address 2: _____

City, State, ZIP: _____

No. of Binders (Employer Proposals): _____ (limit 3)

E-mail

Phone Number: (____) _____

E-mail Address: _____

Turnaround time from receipt of RFP:
Buy-Sell Review 15 business days.
Business Valuation/Business Continuation 5 to 7 business days.
Questions can be sent to newrfps@exchange.principal.com
or Call: 1-800-654-4278, ext. 75328

E-mail RFP to: newrfps@exchange.principal.com
OR
Fax RFP to: Case Design Team, 866-946-3209