



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, 7)

Section 1: Marketer Information

Marketer: _____ CFP® CLU® ChFC® CEBS LUTCF _____

Marketer: _____ CFP® CLU® ChFC® CEBS LUTCF _____

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 _____
(Federal & State)

Business Structure: CCorp. SCorp. LLC Partnership LLP Professional Corp. Other _____

Section 3: Informal Business Valuation

Please provide Balance Sheets for last 3 years.

Please provide Income Statements for last 3 years.

Buy-Sell Agreement in place? Yes No

Purpose of 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 <input type="checkbox"/> One-Way Buy-Sell	<input type="checkbox"/> ESOP <input type="checkbox"/> Installment Sale	<input type="checkbox"/> Transfer, then Buy-Sell as a Co-Owner				
<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"/> 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 <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 <input type="checkbox"/> 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: 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 7: 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, 515-235-1466