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| **Business owner retirement analysis**  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 & proposal delivery information**

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| --- | --- | --- | --- | --- | --- | --- |
| 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** 1-833-803-8345.  **Email RFP** to newrfps@exchange.principal.com or **fax RFP** to Case Design Team, 866-946-3209. |

**Client information**

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| Business/organization name: | | |  | | | | | Issue 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 | | | |
| Owner name: |  | | | | Owner date of birth: | | | |  | | | | | |
| Estimated value of business (if known): | | | | $ | | | Your percentage of ownership: | | | | | | % | |
| Has Principal already performed an informal business valuation?  Yes, value = | | | | | | | | | | $ | | | | No |

**Business transition information**

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| To whom do you plan to transition your business? (mark all that apply) | | | | | | | | | | | |
| Co-owner  Key employee  Third party  Family member   Employee stock ownership plan (ESOP)  Unsure | | | | | | | | | | | |
| In how many years do you plan to transfer your business? | | | | | | |  | | | | |
| How do you plan to transition your business? | | | | | | | | | | | |
| Sell for lump sum  Transfer with installment note  Transfer with interest-only note  Gift  Bequest  Combination of gift, sale and bequest  Unsure | | | | | | | | | | | |
| Transition details: | |  | | | | | | | | | |
| Desired future sale price: | | | | $ | Seller’s capital gains tax rate: | | | | | | % |
| Down payment: | | $ | | | Note term: | | | years | | | |
| Seller’s basis: | $ | | | | Note interest rate: | | | | | % | |
| Seller’s income tax rate: | | | % | |  | | | | |  | |
| Do you have a buy-sell agreement documenting your transition plans? | | | | | | | | | Yes  No | | |
| Do you have a plan in place to protect your successor? | | | | | | Yes  No | | | | | |

**Retirement information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Planned retirement age: | | |  | | | | | | | | Plan for retirement income to last until age: | | | | | | | | | |  |
| Current annual income: | | | $ | | | | | | | | | | | | | | | | | | |
| Desired retirement replacement ratio: | | | | | | | 50%  60%  70%  80%  90%  100% | | | | | | | | | | | | | | |
| Annual Social Security estimate: | | | | | $ | | | | | Begin at age: | | | |  | | | | | | | |
| (If not provided, will estimate based on Social Security maximums.) | | | | | | | | | | | | | | | | | | | | | |
| Rental income: | $ | | | | | | | | | | Business income: | | | | $ | | | | | | |
| Annual pension estimate: | | | | $ | | | | | | | | | Begin at age: | | | | |  | | | |
| Annual after-tax annuity estimate: | | | | | | $ | | | | | | | Begin at age: | | | | |  | | | |
| Annual tax-free life insurance income estimate: | | | | | | | | | $ | | | Begin at age: | | | |  | | | End at age: |  | |
| Qualified plan and taxable IRA balance: | | | | | | | | $ | | | Annual contributions: | | | | | | $ | | | | |
| Roth IRA balance: | | $ | | | | | | | | | Annual contributions: | | | | | | $ | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Investment account balance: | | $ | | Annual contributions: | | | | $ | | |
| Annual deferred compensation distributions: | | | $ | | Begin at age: | |  | | End at age: |  |
| Other income: | $ | | |  | |  | | | | |

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| *Assumptions:* All calculations will assume a pre-retirement rate of return of 7.0%, a post-retirement rate of | |
| return of 6.0% and a 2.5% inflation factor. Note any desired changes: |  |