



Principal Life Insurance Company  
Principal National Life Insurance Company  
Members of Principal Financial Group®  
Des Moines, Iowa

## Request for Buy-Sell Review

Date: \_\_\_\_\_ Office: \_\_\_\_\_

### Section 1: Marketer Information

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

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### Section 2: Business Information

Company Name: \_\_\_\_\_ State: \_\_\_\_\_

Nature of Business (e.g. manufacturing, financial services, etc.): \_\_\_\_\_

Estimated Value of Business: \_\_\_\_\_ (Complete Section 4 to request an informal business valuation.)

Annual Growth Rate: \_\_\_\_\_

Business Tax Bracket (Federal & State): ☐ 35% ☐ 36% ☐ 37% ☐ 38% ☐ 39% ☐ 40% ☐ 43% ☐ 45% ☐ Other

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

### Section 3: Owner Information

Name: \_\_\_\_\_ Title/ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ % Owner: \_\_\_\_\_ Cost Basis: \_\_\_\_\_ Total Compensation: \_\_\_\_\_ Tax Rate: \_\_\_\_\_

Name: \_\_\_\_\_ Title/ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ % Owner: \_\_\_\_\_ Cost Basis: \_\_\_\_\_ Total Compensation: \_\_\_\_\_ Tax Rate: \_\_\_\_\_

Name: \_\_\_\_\_ Title/ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ % Owner: \_\_\_\_\_ Cost Basis: \_\_\_\_\_ Total Compensation: \_\_\_\_\_ Tax Rate: \_\_\_\_\_

Name: \_\_\_\_\_ Title/ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ % Owner: \_\_\_\_\_ Cost Basis: \_\_\_\_\_ Total Compensation: \_\_\_\_\_ Tax Rate: \_\_\_\_\_

**NOTE:** If more than four owners, attach a sheet including information requested above for each additional owner. ☐ Attachment

**Please note any family relationship between owners.**

### Section 4: Financials & Business Valuation – COMPLETE this section, ONLY if you want an informal valuation of the business. Please check all that are included:

☐ Balance Sheets for last 3 years. ☐ Profit and Loss (Income Statements) for last 3 years.

Number of years in business: \_\_\_\_\_

Are there any known factors that will significantly impact future earnings negatively or positively?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 5: Agreements and Other Relevant Material – Please check all that are provided.

**Agreements:** ☐ Buy-Sell Agreement(s) including any amendments (aka: Shareholder Agreements)

☐ Entity Documents ☐ Articles of Incorporation and/or Bylaws ☐ Employment Agreements

Note: Include only those documents that directly pertain to the buy-sell obligations of the owners.

**Section 6: All Life Insurance and Disability Insurance policies associated with the buy-sell agreement.**

|                 |                           |   |
|-----------------|---------------------------|---|
| <b>Policy 1</b> | Insured:                  | Carrier:  |
|                 | Policy Number:            | Scheduled Annual Premium:                                   |
|                 | Death/Disability Benefit: | Outstanding Loans:  |
|                 | Owner:                    | Subject to split dollar /deferred compensation agreement?   |
|                 | Beneficiary:              | Collateral Assignees:                                       |
|                 | Contract Type:            | Cash Surrender Value / Duration (if term ins.): Issue Date: |
| <b>Policy 2</b> | Insured:                  | Carrier:  |
|                 | Policy Number:            | Scheduled Annual Premium:                                   |
|                 | Death/Disability Benefit: | Outstanding Loans:  |
|                 | Owner:                    | Subject to split dollar /deferred compensation agreement?   |
|                 | Beneficiary:              | Collateral Assignees:                                       |
|                 | Contract Type:            | Cash Surrender Value / Duration (if term ins.): Issue Date: |
| <b>Policy 3</b> | Insured:                  | Carrier:  |
|                 | Policy Number:            | Scheduled Annual Premium:                                   |
|                 | Death/Disability Benefit: | Outstanding Loans:  |
|                 | Owner:                    | Subject to split dollar /deferred compensation agreement?   |
|                 | Beneficiary:              | Collateral Assignees:                                       |
|                 | Contract Type:            | Cash Surrender Value / Duration (if term ins.): Issue Date: |
| <b>Policy 4</b> | Insured:                  | Carrier:  |
|                 | Policy Number:            | Scheduled Annual Premium:                                   |
|                 | Death/Disability Benefit: | Outstanding Loans:  |
|                 | Owner:                    | Subject to split dollar /deferred compensation agreement?   |
|                 | Beneficiary:              | Collateral Assignees:                                       |
|                 | Contract Type:            | Cash Surrender Value / Duration (if term ins.): Issue Date: |

☐ **NOTE: If more than four policies, attach a sheet including information requested above for each additional policy.**

Include any ☐ split dollar or ☐ deferred compensation agreements associated with the policies involved.

**Other Relevant Materials Included:** ☐ Documents or information which directly pertain to the buy-sell agreement (e.g. Dealerships or franchises sign-off requirements).

**NOTE: Do NOT send wills, trusts or other estate planning documents unless they pertain directly to the buy-sell arrangement.**

**Section 7: Advisors' Names**

|             |
|-------------|
| Legal:      |
| Accounting: |
| Banking:    |

**Section 8: Delivery Information (Choose one)**

|   |   |
|---|---|
| <input type="checkbox"/> Mail<br>Phone Number: (       )<br>Street Address 1:<br>Street Address 2:<br>City, State, ZIP: | <input type="checkbox"/> E-mail<br>Phone Number: (       )<br>E-mail Address:<br><br> |
|---|---|

Please allow a 10 business day turnaround time from receipt of request form and all required documentation.  
 E-mail request to: newrfps@exchange.principal.com

**OR**

Fax request to: Case Design Team, 866-946-3209  
 Questions can be sent to newrfps@exchange.principal.com  
 or Call: 1-800-654-4278, ext. 75328