



Date initiated: _____

Financial Professional name: _____

BGA/Career office name: _____

Employer name: _____

Nature of business: _____

State of incorporation (if incorporated): _____ Length of time in business (in years): _____

Business structure: C-Corp S-Corp Sole Proprietorship Partnership (or LLP)
 LLC (taxed as C-Corp) LLC (taxed as S-Corp) LLC (taxed as Partnership)
 Tax Exempt Other: _____

Business location of participating employees: _____
 (Street)

(City) (State) (Zip code)

(website address)

State case will be written: _____

Plan and policy design:

1) What's the purpose of this coverage (split dollar, bonus, key person, etc.)? _____

2) Who's the owner? _____ Who's the beneficiary? _____

3) Who's the premium payor? Employer Employee Both

4) What are the eligibility requirements to participate (e.g., all full time employees at the vice president level and above, etc.)? _____

5) Face amounts:

a) How will initial face amounts be determined (e.g., flat dollar amount, a multiple of salary, a percentage of business ownership, etc.)? _____

b) Will face amounts vary based on insured tiers (e.g., \$X for VP's and \$Y for Directors; or 3x salary for Partners and 2x for Associates, etc.)? No Yes - please define tiers: _____

6) Include Salary Increase Rider (SIR)? Yes No
 (SIR allows for annual, non-underwritten face amount increases to help keep pace with increasing salaries.)

Product Type: 10 year Term 20 year Term IUL – Accum IUL – Flex
 UL – Provider Edge UL – Flex Variable UL

DBO option: 1 2 3

High early cash value required? Yes No

If Yes, please explain: _____

7) What is the budgeted total annual case premium (include number of years)? _____

8) What is the premium solve or goal? _____

Underwriting program: Guaranteed Issue Simplified Issue – Standard Decline

9) Are all key employees (i.e., white collar professionals, executives, management or owners) earning at least \$75,000 annually? Yes No

How many lives are eligible to participate? _____

Will 100% of the eligible employees be covered? Yes No

If not 100%, please explain: _____

10) Are all persons to be covered W2 salaried employees of the employer? Yes No

If No, please explain: _____

11) Are all persons to be covered citizens and residents of the United States? Yes No

If No, please explain: _____

12) Are there any persons who have had applications for insurance rated or declined with Principal or any other company? Yes No If Yes, please explain why: _____

13) Do any of the persons perform work duties that require travel to countries on the U.S. Travel Advisory List?

Yes No If Yes, please explain: _____

14) Are all persons to be covered actively at work (30 hrs/wk min.) and covered under employer's group benefit plan? Yes No If No, please explain: _____

15) Will this plan replace existing coverage? Yes No

If Yes, provide details below:

Was it fully underwritten? Yes No

Name of carrier and product being replaced: _____

Policy date of policies being replaced: _____

Will there be rollover or 1035 money? _____

16) Are similar plans in force or being applied for? Yes No

If Yes, provide complete details: _____

17) Will this plan supplement any existing life plan? Yes No

If Yes, what was participation of existing plan? _____

18) Will the premium for this plan, or any portion of the plan, be financed in any way? Yes No

If Yes, please explain: _____

19) Does the success of the plan design rely on a frequency or assumption of death claims? Yes No

If Yes, please explain: _____

Census information: Attached is a sample census showing the required information we need. Please set up an identical census using Excel, and then email both the completed questionnaire and census to your National Sales Desk contact.

Additional information: Please email any illustrations and client materials created. If an existing plan is in place, please send copies of the plan documents.

Pre-Sale Questionnaire
Census Information

Last Name	First Name	Residential ZIP Code	Birthdate	Gender	Face Amount	Job Title	Salary	Work Place Address

SAMPLE