## PROFESSIONALS RETIREMENT STRATEGY℠

*Please complete accurately and verify all information.*

## PRS℠ Request for Proposal

RFP Submission Date * : _____

*note: all cases have a 10 business day turnaround time frame upon the receipt of a complete and accurate RFP*
*ALL ITEMS MARKED WITH AN ASTERISK MUST BE COMPLETED*

Scheduled Client Meeting Date: _____

Attendees: _____ *Client(s)* _____ *Advisor(s)* _____ *both*

| Section I | PRS℠ Plan Consultant Information |
|-----------|----------------------------------|

Plan Consultant Name * : _____
                          Last Name                                          First

Agency Name: _____

Agency Address (street): _____

_____

_____
          City                          State                    Zip Code

Telephone: ( ___ ) _____          e-mail: _____

Fax: ( ___ ) _____

Cell phone: ( ___ ) _____

| Section II | Client Information |
|------------|--------------------|

Name * : _____
          Last Name                   First Name                    MI

Date of Birth * : _____          * Gender: _____ Male
                  mm /   dd   / yyyy                  _____ Female

Primary State of Residence * : _____          U.S. Citizen: _____ Yes
                                                                        _____ No

Client's Professional Advisors- Please list name and telephone number:

CPA : _____

Tax Attorney: _____

Current Bank: _____

Malpractice/ Property & Casualty Broker: _____

*Please complete accurately and verify all information.*

PROFESSIONALS
RETIREMENT STRATEGY ℠

## Section III — Corporate/Practice Information

Corporation/Practice Name: _____ *

Corporation/Practice Address: _____ *

_____

| City | State | Zip Code |

Type of Business: _____     Telephone: ( )_____

Date of Incorporation/Commencement: _____     Fax: ( )_____

Corporate Tax ID: _____

SIC Business Code: _____     Tax Status (select one): *

How many Shareholders/Members ?: _____ *     _____ S-Corporation

Gross Revenue: $ _____ *     _____ C-Corporation

3-year Average Gross Revenue: $ _____ *     _____ LLC/LP

Any Tax Loss Carry Forward (Ordinary Income): $ _____ *     _____ Partnership

Any Tax Loss Carry Forward (Long Term Capital Loss): $ _____ *     _____ Sole Proprietorship

Malpractice/Liability Premium (if applicable): $ _____ *     *If a PA what is the tax status?*

Malpractice/Liability Limits (if applicable): $ _____ *

Collectible 6 month A/R: $ _____ *

Loan Request @ 200%: $ _____ *

## Section IV — Case Design Assumptions

### Retirement Assumptions:

Annual After Tax Retirement Income Goal?
*– Today's dollars (default is $100,000)* : $ _____     *If left blank:*

Rate of Inflation for today's dollars: _____ %     default is 3%

Personal Income Tax Bracket: _____ %     default is 35%

Pre-Retirement rate of return assumption: _____ %     default is 6%

Post-Retirement rate of return assumption: _____ %     default is 6%

Retirement Age: _____     default is 65

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Tax Qualified ERISA Plan

Quote request:

Yes _____

No _____

if left blank the default is NO

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### Life Insurance Assumptions

Professional's Issue Age: _____

* Select one:          * Select one:

_____ Preferred     _____ Smoker

_____ Standard     _____ Non-smoker

_____ Other *(please explain)*

Comments: _____

_____

_____

_____