



PRS Case Design Department
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Please complete accurately and verify all information.

PRSSM 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

PRSsm 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: _____

The information obtained by PRS an its Plan Consultants shall be considered *Confidential Information* and be used for the sole purpose of developing and designing a presentation of the PRS Plan and its related concepts for the use only by the prospect/client and his/her advisors. No information obtained by PRS shall be used for any purpose other than developing work product for the client/prospect for presentation of PRS concepts. The information received shall be kept confidential and used only for these purposes.

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

Tax Qualified ERISA Plan

Quote request:

Yes _____

No _____

if left blank the default is NO

Life Insurance Assumptions

Professional's Issue Age: _____

* Select one:

* Select one:

_____ Preferred _____ Smoker

_____ Standard _____ Non-smoker

_____ Other (please explain)

Comments: _____
