



**e4 Brokerage, LLC**  
1-866-356-1270  
[www.e4brokerage.com](http://www.e4brokerage.com)

## Exit Planning

### Request for Proposal (RFP)

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

#### Select Proposal Type (check box)

- |   |  |
|---|--|
| <input type="checkbox"/> Business Continuation (Complete sections 1, 2, 4, 5, 6, 8) | <input type="checkbox"/> Key Person (Complete sections 1, 2, 7, 8) |
| <input type="checkbox"/> Business Valuation (Complete sections 1, 2, 3, 6, 8)       | <input type="checkbox"/> Stay Bonus (Complete sections 1, 2, 6, 8) |

#### Section 1: Marketer Information

Marketer: \_\_\_\_\_  CFP®  CLU®  ChFC®  CEBS  LUTCF \_\_\_\_\_  
Marketer: \_\_\_\_\_  CFP®  CLU®  ChFC®  CEBS  LUTCF \_\_\_\_\_

#### Section 2: Business Information

Company Name: \_\_\_\_\_ Issue State: \_\_\_\_\_  
Nature of Business (e.g. manufacturing, financial services, etc.): \_\_\_\_\_  
Estimated Value of Business: \_\_\_\_\_  
Annual Growth Rate: \_\_\_\_\_  
Business Tax Bracket:  35%  36%  37%  38%  39%  40%  43%  45%  Other \_\_\_\_\_  
(Federal & State)  
Business Structure:  CCorp.  SCorp.  LLC  Partnership  LLP  Professional Corp.  Other \_\_\_\_\_

#### Section 3: Business Valuation

Please provide Balance Sheets for last 3-5 years.  
Please provide Income Statements for last 3-5 years.  
Number of years in business: \_\_\_\_\_  
Are there any known factors that will significantly impact future earnings negatively or positively? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Section 4: Advisors' Names

Legal: \_\_\_\_\_  
Accounting: \_\_\_\_\_  
Banking: \_\_\_\_\_

**Section 5: Plan Design**

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>Sell to Co-Owner, Non-Family</b>                | <input type="checkbox"/> Cross Purchase                        | <input type="checkbox"/> Wait and See Buy-Sell Cross Purchase  | <input type="checkbox"/> Trusteed Cross Purchase                   |
|   | <input type="checkbox"/> Entity Purchase                       | <input type="checkbox"/> Wait and See Buy-Sell Entity Purchase | <input type="checkbox"/> Business Continuation General Partnership |
|   | <input type="checkbox"/> Stock Redemption                      | <input type="checkbox"/> Installment Sale                      |  |
| <input type="checkbox"/> <b>Sell to Employee or Third Party, Non-Family</b> | <input type="checkbox"/> Installment Sale                      | <input type="checkbox"/> Unilateral Buy-Sell                   | <input type="checkbox"/> Transfer, then Buy-Sell as a Co-Owner     |
| <input type="checkbox"/> <b>Sell to Co-Owner, Family</b>                    | <input type="checkbox"/> Cross Purchase                        | <input type="checkbox"/> Installment Sale                      | <input type="checkbox"/> GRUT                                      |
|   | <input type="checkbox"/> Entity Purchase                       | <input type="checkbox"/> Trusteed Cross Purchase               | <input type="checkbox"/> Private Annuity                           |
|   | <input type="checkbox"/> Stock Redemption                      | <input type="checkbox"/> FLP                                   | <input type="checkbox"/> Section 303                               |
|   | <input type="checkbox"/> Wait and See Buy-Sell Cross Purchase  | <input type="checkbox"/> CRT                                   | <input type="checkbox"/> Business Continuation General Partnership |
|   | <input type="checkbox"/> Wait and See Buy-Sell Entity Purchase | <input type="checkbox"/> GRAT                                  |  |
| <input type="checkbox"/> <b>Sell to Employee or Third Party, Family</b>     | <input type="checkbox"/> Installment Sale                      | <input type="checkbox"/> Will/Bequest Business                 | <input type="checkbox"/> GRUT                                      |
|   | <input type="checkbox"/> Unilateral Buy-Sell                   | <input type="checkbox"/> FLP                                   | <input type="checkbox"/> Private Annuity                           |
|   | <input type="checkbox"/> Section 303                           | <input type="checkbox"/> CRT                                   | <input type="checkbox"/> Transfer, then Buy-Sell as Co-Owner       |
|   | <input type="checkbox"/> Gift Business                         | <input type="checkbox"/> GRAT                                  |  |

**Section 6: Owner Information**

|                          |         |            |                    |                       |                            |   |                                       |          |
|--------------------------|---------|------------|--------------------|-----------------------|----------------------------|---|---------------------------------------|----------|
| <input type="checkbox"/> | * Name  |            | Title/Position     | Date of Birth         | Tobacco Status<br>Non-Tbco | Sex<br>M  | Risk Class (STD, PR, SPR)<br>Standard | Tax Rate |
|                          | % Owner | Cost Basis | Total Compensation | **Excess Owner Salary |                            | Funding<br>Interest Rate    Product<br>VUL-Inc. |                                       |          |
| <input type="checkbox"/> | * Name  |            | Title/Position     | Date of Birth         | Tobacco Status<br>Non-Tbco | Sex<br>M  | Risk Class (STD, PR, SPR)<br>Standard | Tax Rate |
|                          | % Owner | Cost Basis | Total Compensation | **Excess Owner Salary |                            | Funding<br>Interest Rate    Product<br>VUL-Inc. |                                       |          |
| <input type="checkbox"/> | * Name  |            | Title/Position     | Date of Birth         | Tobacco Status<br>Non-Tbco | Sex<br>M  | Risk Class (STD, PR, SPR)<br>Standard | Tax Rate |
|                          | % Owner | Cost Basis | Total Compensation | **Excess Owner Salary |                            | Funding<br>Interest Rate    Product<br>VUL-Inc. |                                       |          |
| <input type="checkbox"/> | * Name  |            | Title/Position     | Date of Birth         | Tobacco Status<br>Non-Tbco | Sex<br>M  | Risk Class (STD, PR, SPR)<br>Standard | Tax Rate |
|                          | % Owner | Cost Basis | Total Compensation | **Excess Owner Salary |                            | Funding<br>Interest Rate    Product<br>VUL-Inc. |                                       |          |
| <input type="checkbox"/> | * Name  |            | Title/Position     | Date of Birth         | Tobacco Status<br>Non-Tbco | Sex<br>M  | Risk Class (STD, PR, SPR)<br>Standard | Tax Rate |
|                          | % Owner | Cost Basis | Total Compensation | **Excess Owner Salary |                            | Funding<br>Interest Rate    Product<br>VUL-Inc. |                                       |          |

\* Check box if individual illustration desired for each participant

\*\* Salary over and above what the owner would pay a key employee to perform similar services that the owner is now performing.

**Section 7: Employee Information**

|                          |                       |                    |                  |                               |          |  |
|--------------------------|-----------------------|--------------------|------------------|-------------------------------|----------|--|
| <input type="checkbox"/> | Name                  | Title/<br>Position | Date of<br>Birth | Tobacco<br>Status<br>Non-Tbco | Sex<br>M | Risk Class<br>(STD, PR, SPR)<br>Standard       |
|                          | Total<br>Compensation |                    | Face<br>Amount   |                               |          | Funding<br>Interest Rate   Product<br>VUL-Inc. |
| <input type="checkbox"/> | Name                  | Title/<br>Position | Date of<br>Birth | Tobacco<br>Status<br>Non-Tbco | Sex<br>M | Risk Class<br>(STD, PR, SPR)<br>Standard       |
|                          | Total<br>Compensation |                    | Face<br>Amount   |                               |          | Funding<br>Interest Rate   Product<br>VUL-Inc. |
| <input type="checkbox"/> | Name                  | Title/<br>Position | Date of<br>Birth | Tobacco<br>Status<br>Non-Tbco | Sex<br>M | Risk Class<br>(STD, PR, SPR)<br>Standard       |
|                          | Total<br>Compensation |                    | Face<br>Amount   |                               |          | Funding<br>Interest Rate   Product<br>VUL-Inc. |
| <input type="checkbox"/> | Name                  | Title/<br>Position | Date of<br>Birth | Tobacco<br>Status<br>Non-Tbco | Sex<br>M | Risk Class<br>(STD, PR, SPR)<br>Standard       |
|                          | Total<br>Compensation |                    | Face<br>Amount   |                               |          | Funding<br>Interest Rate   Product<br>VUL-Inc. |
| <input type="checkbox"/> | Name                  | Title/<br>Position | Date of<br>Birth | Tobacco<br>Status<br>Non-Tbco | Sex<br>M | Risk Class<br>(STD, PR, SPR)<br>Standard       |
|                          | Total<br>Compensation |                    | Face<br>Amount   |                               |          | Funding<br>Interest Rate   Product<br>VUL-Inc. |
| <input type="checkbox"/> | Name                  | Title/<br>Position | Date of<br>Birth | Tobacco<br>Status<br>Non-Tbco | Sex<br>M | Risk Class<br>(STD, PR, SPR)<br>Standard       |
|                          | Total<br>Compensation |                    | Face<br>Amount   |                               |          | Funding<br>Interest Rate   Product<br>VUL-Inc. |

\* Check box if individual illustration desired for each participant

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

|  |  |
|--|--|
| <input type="checkbox"/> Mail<br>Phone Number: (____) _____<br>Street Address 1: _____<br>Street Address 2: _____<br>City, State, ZIP: _____<br>No. of Binders (Employer Proposals): _____ (limit 3) | <input type="checkbox"/> E-mail<br>Phone Number: (____) _____<br>E-mail Address: _____<br>_____<br>_____ |
|--|--|

Please allow a 5 business day turnaround time  
(from receipt of RFP) on all proposals  
E-mail RFP to: [sbergeee@e4brokerage.com](mailto:sbergeee@e4brokerage.com)

OR

Fax RFP to: Case Design Team, 701-356-6581  
Questions can be sent to [sbergeee@e4brokerage.com](mailto:sbergeee@e4brokerage.com)  
or Call: 1-866-251-5525 ext. 213