

# Principal Life Insurance Company Principal National Life Insurance Company

P.O. Box 10431, Des Moines, IA 50306-0431 www.principal.com

Your policy indicates its issuer, which is the company responsible for the policy obligations and is referred to herein as the 'Company'.

#### Beneficiary Change

For Assistance: 800-247-9988

Fax: 866-885-0390

Email: IndLifeService@exchange.principal.com

Policy li	ntormat	ion
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Policy Number(s)	Insured Name	Owner Name (if other than Insured)			
Owner Email Address		Owner Phone Number	☐ Mobile		
		( )	☐ Other		

#### Important information about changing your policy beneficiary

- 1. This beneficiary form revokes all previous beneficiary forms. The beneficiary designation made on this form will be in force until revoked in writing. We encourage you to designate both a Primary and a Contingent beneficiary.
- 2. This form must be completed, signed, received in, and approved by our office to effect a change of your policy(ies) beneficiary. Instructions for completing the form are below. A proper and current beneficiary designation is an important matter, so please carefully read the instructions and/or call us for assistance.
- This designation will apply to all policies listed above. If you want different designations for certain policies, simply use a photocopy of this form.
- 4. If space is needed for more beneficiaries than this form allows, please attach additional pages and be sure to include date of birth, Social Security Number or TIN, address and share percentage for each beneficiary. The date, policy number, and the signature(s) of the owner must appear on each additional page.
- 5. Do not use this form to update the name or address of a current beneficiary. To request updates to personal information on current beneficiaries, please provide a letter of instruction and include the policy number(s), date, and signature of owner(s).
- 6. If a correction is needed to this form after it has been completed, cross out the change and initial the correction prior to sending to us. Do not alter this form by any other method, such as the use of white out.

#### Beneficiary designation types

These are the most common types of beneficiary designations:

PRIMARY Beneficiary is	A person or entity you designate as the recipient of the death benefit upon the insured's death.
CONTINGENT Beneficiary is	A person or entity you designate as the recipient of the death benefit if the primary beneficiary dies prior to the insured's death.
IRREVOCABLE Beneficiary is	A person or entity you designate as the recipient of the death benefit upon the insured's death and whose share cannot be changed without his or her consent. Designating an irrevocable beneficiary will require the irrevocable beneficiary and owner(s) to sign for any changes to the beneficiary.
Minor Beneficiary (UTMA) is	Uniform Transfers to Minor Act (UTMA) allows a minor to receive the death benefit without a court-appointed guardian or trustee. Under UTMA, a custodian manages the minor's account until the child is of majority age under the UTMA rules (each state may differ).

### Sample designations for your review

PRIMARY or CONTINGENT Beneficiary:	James Smith, husband, 100% (or) Estate of Mary Smith, 100%
PRIMARY or CONTINGENT with shares:	James Smith, husband, 46% and Don Smith, son, 54%
PRIMARY is a Corporation:	ABC Corporation, 100%
PRIMARY is a Trust:	See page 2, Section 1B
IRREVOCABLE:	James Smith, Husband – Irrevocable Beneficiary, 100%

Policy Number(s)	Insured Name	Owner Name (if other than Insured)
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## SECTION 1: PRIMARY Beneficiary (Complete 1A or 1B only)

#### 1A. PERSON(S) OR CORPORATION(S) named as beneficiary(ies):

- If more than one beneficiary is designated without share percentages, the proceeds will be paid equally or to the survivor(s), unless otherwise designated.

1.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number of	r TIN	Share
	Beneficiary Address	Relationship to Insured	Relationship to Insured		
	Email Address			☐ Mobile ☐ Other	%
2.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number of	r TIN	
	Beneficiary Address		Relationship to Insured		Share %
	Email Address			☐ Mobile	70
3.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number o	r TIN	
	Beneficiary Address		Relationship to Insured		Share %
	Email Address			☐ Mobile	70
4.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number o		
		Relationship to Insured		Share	
	Beneficiary Address		Relationship to insured		0/2
	Email Address		Phone Number	☐ Mobile	%
	•		Phone Number	☐ Other	% o %
	•	een their surviving ch l be paid to o the UTMA laws of t	Phone Number ( )  Must Equ (PER STIRPES definition: I ildren (birth or adopted).	Other  Other  In 100%  If any bene	0 % eficiary dies
	Email Address  Per Stirpes Designation to be applied to all benef before the Insured, divide their share equally betw For any beneficiary who is a minor, proceeds shall as custodian for the minor beneficiary pursuant to	een their surviving ch l be paid to o the UTMA laws of t JTMA law to any bene has not enacted UTM.	Phone Number ( )  Must Equ (PER STIRPES definition: I ildren (birth or adopted).  the state of residency of the ficiary that is a minor at the A, or if the law of the state spe	Other all 100% If any bene e minor*. E time of set ecified does	0 % eficiary dies By checking tlement. s not provide
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IB.	Per Stirpes Designation to be applied to all benef before the Insured, divide their share equally betw For any beneficiary who is a minor, proceeds shall as custodian for the minor beneficiary pursuant to this box, the Company will apply the appropriate U*If no state is specified above, or if the state specified for such payment to a custodian, the custodianship matter than the custodian of the state of a claim, we will request additional than the custodian of the state of a claim, we will request additional the	een their surviving challenge to be paid to to the UTMA laws of the UTMA law to any beneated UTMA law be established under the personal Trust Design	Phone Number  ( )  Must Equ  (PER STIRPES definition: I ildren (birth or adopted).  the state of residency of the fficiary that is a minor at the A, or if the law of the state spe er the lowa Uniform Transfers	Other all 100% If any bene e minor*. E time of set ecified does	0 % eficiary dies By checking tlement. s not provide
IB.	Per Stirpes Designation to be applied to all benefication before the Insured, divide their share equally between the Insured State is a minor, proceeds shall as custodian for the minor beneficiary pursuant to this box, the Company will apply the appropriate United States is specified above, or if the state specified for such payment to a custodian, the custodianship may be a custodian of the Insured States Insu	een their surviving challenge to be paid to	Phone Number ( )  Must Equ (PER STIRPES definition: I ildren (birth or adopted).  the state of residency of the efficiary that is a minor at the A, or if the law of the state speer the lowa Uniform Transfers	Other all 100% If any bene e minor*. E time of set ecified does	0 % eficiary dies By checking tlement. s not provide
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Policy Number(s)	Insured Name	Owner Name (if other than Insured)
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SECTION 2: CONTIL	NGENT Beneficiary mary beneficiaries pre-decease the In	nourod)
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2A. PERSON(S) OR CORP	ORATION(S) named as beneficiary(ies	5):
	eneficiary is designated without share potherwise designated.	percentages, the proceeds will be paid equally or to the
<ul> <li>The requested pers</li> </ul>	onal information will help the Company I	locate your beneficiary(ies) at the time of a death claim.

	The requested personal information will help		• • • • • • • • • • • • • • • • • • • •		aın cıaım.
1.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Num	ber or TIN	
	Beneficiary Address		Relationship to Insur	ed	Share
					%
	Email Address		Phone Number	☐ Mobile	
			( )	☐ Other	
2.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Num	ber or TIN	
	Beneficiary Address		Relationship to Insur	ed	Share
			·		%
	Email Address		Phone Number	☐ Mobile	70
			( )	☐ Other	
3.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Num		
•	Jonesia, Jan Hamie (Conserver Serperanent)			20. 0	
	Beneficiary Address		Relationship to Insur	ed	Share
					%
	Email Address		Phone Number	☐ Mobile	70
			( )	☐ Nobile	
4.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Num		
	Deficitionary fair frame (i cross) or corporation)			BCI OI TIIV	
	Beneficiary Address		Relationship to Insur	od	Share
	Belleficially Address			eu	
	Email Address		Phone Number		%
	Email Address		/ \	☐ Mobile	
			(	☐ Other	- 0/
			Must	Equal 100%	0 %
	Per Stirpes Designation to be applied to all ben before the Insured, divide their share equally bet	neficiaries listed above. tween their surviving ch	( <b>PER STIRPES</b> definiti nildren (birth or adopted)	on: If any ben	eficiary dies
П	For any beneficiary who is a minor, proceeds sha	all be paid to			
_			e state of residency of th	e minor*. By c	hecking this
as custodian for the minor beneficiary pursuant to the UTMA laws of the state of residency of the minor*. By checking t box, the Company will apply the appropriate UTMA law to any beneficiary that is a minor at the time of settlement.					
*If no state is specified above, or if the state specified has not enacted UTMA, or if the law of the state specified does not provide					
	for such payment to a custodian, the custodianship	may be established und	ler the Iowa Uniform Trans	sfers to Minors	Act.
2B.	TRUST named as beneficiary (Testamentary o	r Personal Trust Desig	nation)		
	At the time of a claim, we will request additional	trust documentation.			
	Please choose only ONE option				
☐ <b>Testamentary Trust</b> – Trustee of the Trust created in the Last Will and Testament of the Insured;					
_	OR			,	
	Personal Trust Designation – Enter present tru	ust information below			
			Trustee(s) or a	a successor in	Trust under
	Trustee Name(s)	Trustee(s), or a successor in Trust under			
			established		
	Trust Name		established	Date of Trust Aç	greement .

Trustee Address

SECTION 3	: Signature(s) Nee	ded			
Policy, inclu are pending	by expressly represents the ding marital or divorce obling against the undersigne over payment of the deatle	ligations, and that no i ed. I understand if su	nsolvency or bankru ich obligations exis	ptcy proceedings	have been instituted or
3A. Signature(s	s) for policies owned by	Individual(s)			
Signature of 0	Owner				Date
Signature of C	Joint Owner		Email Address		Date
Signature of 0	Custodian, Guardian, or Cons	ervator	Title		Date
Signature of E	Beneficiary (if named irrevoca	ble)			Date
Signature of \	Nitness (required for life insur	rance policies issued in th	ne State of <b>Massachus</b>	setts)	Date
3B. Signature(s	s) for policies owned by	a Corporation or Trus	st		
Name of Corp	Name of Corporation or Trust				
Signature of 0	Signature of Officer(s)  Title of Officer(s)				
Signature of	Trustee(s)		Title of Trustee(s)		Date
	Trustee				
Signature of E	Beneficiary (if named irrevoca	ble)			Date
Signature of \	Signature of Witness (required for life insurance policies issued in the State of <b>Massachusetts</b> )			setts)	Date

Insured Name

Owner Name (if other than Insured)

Policy Number(s)