

Principal 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'. 1035 Internal Exchange Request

For Assistance: 800-247-9988

Fax: 866-885-0390

Email: IndLifeService@exchange.principal.com

Agency Number	Unit Number	Agent				Date MM/DD/YYYY	
Attn				From			
Policy Number(s)				On the Life of			
2. Request is As of th As of th Upon re 3. Apply the to Unsche Initial m Premiul 4. If a policy outstanding The ne The ne (refer t	hereby made e effective da e effective da e effective da eceipt, apply o otal available p duled premium odal premium m(s) due loan is outsta gloan balance ew policy is pe ew policy acce inimum loan b o Illustration).	te of the coverage a te of coverage appli n Policy No. proceeds as follows n payment n, with balance to un Da nding on any policy may be transferred nding issue or was pts Section 1035(a) palance is at least \$ subject to the same	ender value of the applied for on New led for an Adjustment to pay: ascheduled premiute(s) y being exchanged to the new policy issued within the policy of loan transfers. 5500 and does not be terms and conditions.	m payment, with balance to d under IRS Section 1 provided the following past 3 months.	o unscheduled premi 035(a) and there is conditions are met:	um payment gain on that policy, the value after processing	
l acknowled accommodat	ge and agre ion to me. I	acknowledge and	any is participa d agree that the	Company has made		request and as an s concerning my tax	
The exchange	e of this polic		ice prior to the da		completed all other to	ransactions that I have	
coverage as benefits and cas of the effection	applied for or demands unde ctive date requals as any intere	r as accepted on t er this policy are full uested above. It is l	he part of the po y settled and satis nereby expressed	licyholder, the undersified, and the Company and represented that r	igned acknowledges is hereby released for person, firm or cor	he issuance of the new that all rights, claims, from any and all liability poration other than the stituted or are pending	
X				X			
	Signatu	ure of Policyowner – 1		Sigr	nature of Policyowner – 2 (i	f applicable)	
	Printed N	lame of Policyowner – 1		Printe	d Name of Policyowner – 2	(if applicable)	
	C	ity	State		City	State	
X	Çicı	nature of Assignee			City	State	
Signature of Assignee					City	State	
Printed Name of Assignee					Date MM/DD/YYYY		

The exchange of this policy for a different policy is intended to be tax-free to the extent possible under Section 1035(a) of the Internal Revenue Service Code. Unless repaid in full or transferred to the new policy, any loan indebtedness on an exchanged policy may be taxable to the extent of any gain. Before executing any exchange under Section 1035(a) of the Internal Revenue Service Code, you may wish to seek independent tax advice as to the taxability of the transaction. Final responsibility as to the taxability of any transaction must lie with you or your tax or legal counsel.