



**Principal Life Insurance Company**  
**Principal National Life Insurance Company**  
Members of Principal Financial Group®  
P.O. Box 10431, Des Moines, IA 50306-0431  
[www.principal.com](http://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'.

**Request and Agreement to  
Restrict Owner's Rights**

\_\_\_\_\_, (Owner) and \_\_\_\_\_ (Employer),  
Name of Owner Name of Employer

\_\_\_\_\_, \_\_\_\_\_, hereby request and agree that prior to the maturity of  
City State

Policy Number \_\_\_\_\_, issued by Principal Life Insurance Company (Principal Life) or Principal National Life Insurance Company (Principal National), Des Moines, Iowa, the right of Owner to:

- (1) surrender the policy for its net surrender value;
- (2) obtain policy loans or partial surrenders of the net surrender value;
- (3) assign the policy as collateral security; or
- (4) change the ownership of the policy,

may be exercised only with the written consent of Employer.

These restrictions on Owner's rights shall: **(check one)**

☐ **Option 1:** remain in place indefinitely, unless and until formally relinquished by Employer via submission of form DD 1930 (Termination of Request and Agreement to Restrict Owner's Rights); **or**

☐ **Option 2:** terminate upon the expiration of the following number of years from the policy issue date: \_\_\_\_\_  
(# of years)

**If neither of the above Options are checked, or both Options are checked, or Option 2 is checked, but the number of years is not identified, then Option 1 shall apply.**

**Signatures**

Owner and Employer understand and agree that:

- neither Principal Life nor Principal National are parties to this agreement;
- this agreement does not modify any provisions contained in the policy; and
- this agreement does not confer any policy rights, options, or privileges to Employer.

**X**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Owner or Trustee

\_\_\_\_\_  
Title (if Trust-Owned)

**X**

\_\_\_\_\_  
Authorized Employer Representative Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Authorized Employer Representative

\_\_\_\_\_  
Title