



RIS Annuity Services
 711 High Street
 Des Moines, IA 50392-1770
 Fax Number 866.894.2087
 email: annuityprocessing@principal.com

Principal Life Insurance Company | **Annuity Service Request Form**

1. General information

Contract number _____ Owner _____
 () () Check box if change of address and complete Section "3"
 Home phone _____ Work phone _____

2. Type of request

I request that Principal Life Insurance Company ("the company") make the following changes to my contract ("the contract"):

Please indicate the type of request(s):

- Change of address or phone number (go to section 3)
- Change of name (go to section 4)
- Correction of age (go to section 5)
- Lost check or draft agreement (go to section 6)
- Statement as to lost contract (go to section 7)

3. Change of address or phone number

Signature of owner required in signature block in section 8 on page two.

From:	To:
_____	_____
Previous street address	New street address
_____	_____
Previous city/State/ZIP	New city/State/ZIP
()	()
_____	_____
Previous phone number	New phone number
_____	_____
Previous e-mail address	New e-mail address

When changing your mailing address to a PO Box for a variable annuity contract, please provide a physical address (which will not be used for mailings).
 If your new address is a PO Box, please provide your physical address here: _____

4. Change of name

Signature of owner and person requesting change required. If name change is to a company, copy of the corporate minutes is required.

From:	To:
_____	_____
Owner name	Owner name

Reason for change: Correction Marriage* Divorce* Court Order* Adoption*
 (* Requires a copy of the court order to be sent to the company)

5. Correction of age

Signature of owner and annuitant required in signature block in section 8 on page two.

Additional evidence attached _____
 Correct date of birth MM/DD/YYYY

(A copy of a government issued document required, IE: driver's license.)

6. Lost check

Signature of owner and person making certified statement required in signature block in Section 8.

Payee		
Check number	Date MM/DD/YYYY	Amount

I certify that the check described above is not in my possession and that to the best of my knowledge it is lost or destroyed. I further certify that I have not endorsed, negotiated or transferred it, that I have received no payment under it. I request the company to issue a new check to replace it, and in consideration thereof agree to return the original check, if and when found, to the company.

7. Statement as to lost contract

Signature of owner and any assignee will be the only accepted signatures in signature block in section 8.

The undersigned certify that the contract issued by the company has been lost or destroyed and has not been in possession or under the control of any of the undersigned since _____; that the undersigned each have made diligent search for the contract but have been unable to find it.
MM/DD/YYYY

That the contract has not been assigned, transferred or pledged as security for any obligation or indebtedness and has not been awarded or involved in a judicial proceeding of any type, including but not limited to dissolution of marriage or bankruptcy except as follows: _____

(if none, so state)

and no interest in the contract is now or has been claimed by any person, firm or corporation other than the undersigned except as above stated; that this statement is made for the purpose of obtaining a Lost Contract Certificate to represent the contract or for exercising rights, privileges or options in accordance with the terms of the contract.

That in consideration of the issuance of such certificate, the exercising of any such right, privileges or options, or the payment of the contract proceeds to the designated beneficiary or beneficiaries, the undersigned, for themselves, their heirs, representatives and assigns and any beneficiary or other person claiming any right or privileges under the contract hereby agree as follows:

1. That if the original contract is found, it shall be returned promptly for verification or cancellation to the company, and any certificate issued to represent the contract shall be surrendered.
2. That any Lost Contract Certificate issued in not intended to create any new or additional obligation but is to evidence the existence of the contract.
3. That the undersigned will at all times indemnify, protect and save the company harmless from all loss, double liability or expense, which may occur as a direct or indirect result of the loss of the original contract and the issuance of such certificate or the exercising of any such right, option or privilege or payment on any contract proceeds.

8. Signatures

Signature of owner (required)	Date MM/DD/YYYY
Signature of joint owner (required if jointly owned)	Date MM/DD/YYYY
Signature of financial professional	Agency-detail code () Phone number