



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 Information

Policy Number(s)	Insured Name	Owner Name (if other than Insured)
Owner Email Address	Owner Phone Number	<input type="checkbox"/> Mobile <input type="checkbox"/> 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.*
3. 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%

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.
- The requested personal information will help the Company locate your beneficiary(ies) at the time of a death claim.

1.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	Share %
	Beneficiary Address		Relationship to Insured	
	Email Address		Phone Number () <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
2.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	Share %
	Beneficiary Address		Relationship to Insured	
	Email Address		Phone Number () <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
3.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	Share %
	Beneficiary Address		Relationship to Insured	
	Email Address		Phone Number () <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
4.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	Share %
	Beneficiary Address		Relationship to Insured	
	Email Address		Phone Number () <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
Must Equal 100%				%

- Per Stirpes Designation to be applied to all beneficiaries listed above. (**PER STIRPES** definition: If any beneficiary dies before the Insured, divide their share equally between their surviving children (birth or adopted).
- For any beneficiary who is a minor, proceeds shall be paid to _____, as custodian for the minor beneficiary pursuant to the UTMA laws of the state of residency of the minor*. By checking this 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 under the Iowa Uniform Transfers to Minors Act.

1B. TRUST named as beneficiary (Testamentary or Personal Trust Designation)

At the time of a claim, we will request additional trust documentation.

Please choose only ONE option

- Testamentary Trust** – Trustee of the Trust created in the Last Will and Testament of the Insured;

OR

- Personal Trust Designation** – Enter present trust information below

_____ Trustee(s), or a successor in Trust under
Trustee Name(s)

_____ established _____
Trust Name Date of Trust Agreement

Trustee Address

SECTION 2: CONTINGENT Beneficiary
(Used in the event ALL Primary beneficiaries pre-decease the Insured)

2A. 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.
- The requested personal information will help the Company locate your beneficiary(ies) at the time of a death claim.

1.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	Share %
	Beneficiary Address		Relationship to Insured	
	Email Address		Phone Number () <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
2.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	Share %
	Beneficiary Address		Relationship to Insured	
	Email Address		Phone Number () <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
3.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	Share %
	Beneficiary Address		Relationship to Insured	
	Email Address		Phone Number () <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
4.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	Share %
	Beneficiary Address		Relationship to Insured	
	Email Address		Phone Number () <input type="checkbox"/> Mobile <input type="checkbox"/> Other	
Must Equal 100%				%

Per Stirpes Designation to be applied to all beneficiaries listed above. (**PER STIRPES** definition: If any beneficiary dies before the Insured, divide their share equally between their surviving children (birth or adopted).

For any beneficiary who is a minor, proceeds shall be paid to _____, as custodian for the minor beneficiary pursuant to the UTMA laws of the state of residency of the minor*. By checking this 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 under the Iowa Uniform Transfers to Minors Act.

2B. TRUST named as beneficiary (Testamentary or Personal Trust Designation)

At the time of a claim, we will request additional trust documentation.

Please choose only ONE option

Testamentary Trust – Trustee of the Trust created in the Last Will and Testament of the Insured;

OR

Personal Trust Designation – Enter present trust information below

_____ Trustee(s), or a successor in Trust under
 _____ Trustee Name(s)

_____ established _____
 _____ Trust Name Date of Trust Agreement

 Trustee Address

Policy Number(s)	Insured Name	Owner Name (if other than Insured)
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SECTION 3: Signature(s) Needed

Owner hereby expressly represents that no person, firm, or corporation other than the undersigned has any interest in the Policy, including marital or divorce obligations (some states may require additional documentation), and that no insolvency or bankruptcy proceedings have been instituted or are pending against the undersigned. I understand if such obligations exist at the time of claim, they may take precedence over payment of the death benefit to my designated beneficiary.

3A. Signature(s) for policies owned by Individual(s)		
Signature of Owner		Date
Signature of Joint Owner	Email Address	Date
Signature of Custodian, Guardian, or Conservator	Title	Date
Signature of Beneficiary (if named irrevocable)		Date
Signature of Witness (required for life insurance policies issued in the State of Massachusetts)		Date

3B. Signature(s) for policies owned by a Corporation or Trust		
Name of Corporation or Trust		
Signature of Officer(s)	Title of Officer(s)	Date
Signature of Trustee(s)	Title of Trustee(s)	Date
	Trustee	
Signature of Beneficiary (if named irrevocable)		Date
Signature of Witness (required for life insurance policies issued in the State of Massachusetts)		Date

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.