

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

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Policy Number(s)	Insured Name	Owner Name (if other than Insured)	
Owner Email Address	1	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.
- 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%	

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 Num		
	Beneficiary Address		Relationship to Insur	red	Share
	Email Address		Phone Number	☐ Mobile	%
2.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Num	_	
	Beneficiary Address		Relationship to Insur	red	Share %
	Email Address		Phone Number	☐ Mobile	70
3.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Num		
	Beneficiary Address		Relationship to Insur	red	Share %
	Email Address		Phone Number	☐ Mobile	/0
4.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Num		
	Beneficiary Address		Relationship to Insur	red	Share %
					/0
	Email Address		Phone Number	☐ Mobile	
	Email Address		()	☐ Mobile ☐ Other Equal 100%	%
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Policy Number(s)	Insured Name	Owner Name (if other than Insured)
SECTION 2: CONTIN	NGENT Beneficiary imary beneficiaries pre-decease the Ins	eured)
24 PERSON(S) OR CORP	ORATION(S) named as heneficiary(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.

	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	l
	Beneficiary Address		Relationship to Insured	Share
				%
	Email Address		_	lobile
2	Beneficiary full name (Person or Corporation)	Date of Birth	() O Social Security Number or TIN	
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	Beneficiary Address		Relationship to Insured	Share
	Email Address		 Phone Number ☐ M	%
			()	
3.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	I
	Beneficiary Address		Relationship to Insured	Share
				%
	Email Address		Phone Number	lobile
			() 🗆 🗅 O	
4.	Beneficiary full name (Person or Corporation)	Date of Birth	Social Security Number or TIN	ı
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Policy Number(s)	Insured Name	Owne	er Name (if other than Insured)
SECTION 3: Signature	e(s) Needed		
Owner hereby expressly re Policy, including marital or	epresents that no person, for divorce obligations, and the undersigned. I understar	nat no insolvency or bankruptcy nd if such obligations exist at	e undersigned has any interest in the proceedings have been instituted or the time of claim, they may take
3A. Signature(s) for policies	owned by Individual(s)		
Signature of Owner			Date
Signature of Joint Owner		Email Address	Date
Signature of Custodian, Guar	dian, or Conservator	 Title	Date
Signature of Beneficiary (if na	med irrevocable)		Date
Signature of Witness (require	d for life insurance policies iss	ued in the State of Massachusetts)	Date
3B. Signature(s) for policies	•	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 na	med irrevocable)		Date
Signature of Witness (require	d for life insurance policies iss	ued in the State of Massachusetts)	Date
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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.