Principal Life Insurance Company
Principal National Life Insurance Company
Principal Securities, Inc.
Members of Principal Financial Group®
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'.

Pre-Authorized Monthly Premium Withdrawals

Life or Disability Insurance
Call: 800-247-9988

Instructions

1. Complete, sign and date this authorization form.
2. Attach an unsigned Voided Check to ensure accurate and quick processing of your request.
3. Mail the completed form and Voided Check to the address shown above, or fax to our Home Office.
   - Life fax: 866-885-0390 • Disability Income fax: 866-825-4779

Terms and Conditions

1. Withdrawals for existing insurance policy or premiums will be made without regard to any insurance policy or application that may be pending with this company. When any insurance policies are issued, the amount of the withdrawals will be increased sufficiently to include the premium on the new policy.
2. Withdrawals will be made on or around the day of the month that the earliest payment (any policy) is due.
3. While premiums are paid under this plan, premium notices will not be mailed, nor will the Automatic Premium Loan privilege be available. Transaction confirmations will be prepared and sent as required by law and regulation.
4. In accordance with policy provisions, any disbursements from the policy will be made payable to the Policyowner(s).
5. In accordance with policy provisions, the Policyowner(s) have the authority to change the monthly premium withdrawal amount.

Authorization for withdrawals to pay monthly premiums on the following policies

Policy Number #1 **Required**	Monthly Amount	Insured or Policyowner Name
	$	
Policy Number #2 **Required**	Monthly Amount	Insured or Policyowner Name
	$	
Policy Number #3 **Required**	Monthly Amount	Insured or Policyowner Name
	$	

I authorize Principal National Life Insurance Company and/or Principal Life Insurance Company (hereafter referred to as "Companies") to debit my account as needed to pay monthly premiums. Depending on your financial institution, it may take up to 3 days before the debit is reflected in your account.

Name of Financial Institution			Financial Institution's Phone No.
			( )
Account Type (Please Indicate)	Account Ownership	Routing Number (9 digits)	Account Number
☐ Checking ☐ Savings	☐ Personal ☐ Business		
Account Holder's Name			Account Holder's Phone No.
			( )
Joint Account Holder's Name			

I authorize the financial institution named above to honor withdrawals by the Companies listed above. I understand if any withdrawals are dishonored by you, whether with or without cause, that you shall be under no liability. This authorization will remain in effect until cancelled either by myself, the Companies, or the financial institution named above. Notification of such cancellation must be given within 10 working days of the transaction by the party canceling the authorization. If this form is not dated, it will be effective the date it is received in our Home Office.

X _____ _____ _____

Signature of Account Holder *(include title if Corporate owned or "Trustee" if Trust owned)* | Print Name of Account Holder | Date

X _____ _____ _____

Signature of Joint Account Holder *(include title if Corporate owned or "Trustee" if Trust owned)* | Print Name of Joint Account Holder | Date