



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'.

Individual Life Insurance Claim Form

Beneficiary Statement

For Assistance: 800-331-2213

Fax: 866-894-2096

Email: IndClaims@exchange.principal.com

See Important Information on page 3. If you have any questions, or need help completing this form, we are glad to assist. Our normal business hours are weekdays from 7:00 a.m. to 5:00 p.m. Central Time.

Return completed form to: P.O. Box 10431, Des Moines, IA 50306-0431 or
Overnight Mail Address: 711 High Street, IDPC-M1-E10, Des Moines IA 50392-4510

Insured (Deceased) Information

Deceased's Name (Please list all names Insured may have been known by, such as maiden name, nicknames, or aliases)			Date of Birth
Date of Death	Cause of Death	Manner of Death	

Beneficiary Information – The Beneficiary must sign below for this form to be in good order

Name of Beneficiary		Date of Birth (if an individual person)		US Citizen or Specify Citizenship
Street Address	City (Do not abbreviate)	State	ZIP	Daytime Phone Number ()
Mailing address if different than above				
Email Address				

Policy Numbers for which you are making a claim

The Principal® requires the Beneficiary's Taxpayer Identification Number (TIN). If the Beneficiary is an individual person, please provide their Social Security Number. If the Beneficiary is an entity, please provide the entity's Taxpayer ID Number.

Request for Taxpayer Identification Number and Certification (Substitute Form W-9)

If you are a U.S. person (U.S. citizen, resident alien or U.S. entity) complete the following certification.

If you are not a U.S. person, do not complete the following certification but instead submit a valid Form W-8BEN (foreign individual) or W-8BEN-E (foreign entity). If you are claiming treaty benefits, provide the required U.S. or foreign tax identifying number as noted in the instructions. Failure to submit a valid Form W-8BEN or W-8BEN-E or to provide a required tax identifying number will result in mandatory withholding of 30% of the taxable portion of the payment.

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Withholding, individuals and sole proprietors MUST provide their Social Security Number. Other entities (businesses or trusts) MUST provide their Employer Identification Number.

Beneficiary	Trust, Estate, or Corporation
Social Security Number: _____	or Employer Tax ID Number: _____

If you do not have a number or you have applied for a number, write "APPLIED FOR". The Company may begin Backup Withholding.

CERTIFICATION – UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the instructions to Form W-9), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item 2 above, if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. See attached pages for other state specific fraud notices. **The Beneficiary must sign below for this form to be in good order.**

Print Name of Beneficiary	Signature of Beneficiary/Claimant	Relationship (i.e. Trustee, Executor, Spouse, Child)	Date
Print Name of Co-Trustee/Co-Executor (Trust or Estate is Beneficiary)	Signature of Co-Trustee/Co-Executor	Relationship (Co-Trustee/Co-Executor)	Date

- ☐ 1. **Deposit the proceeds directly into my checking account.** A pre-printed voided check is required and must contain the name of the Beneficiary (it is acceptable if the deceased's name also appears on the check in addition to yours). If account information does not match the Beneficiary information, or a pre-printed voided check is not attached, a check will be sent to the Beneficiary's address provided. If you don't have a voided check to provide, we'll accept a letter from your bank on their letterhead that provides your routing number, account number and the name on the account.

Account Name must be in the name of the Beneficiary.

**ATTACH PRE-PRINTED
VOIDED CHECK HERE
(no deposit slips)**

- ☐ 2. **Send my check to the address I provided on page 1.**
- ☐ 3. **Send my check to the Principal Financial Group Sales Representative listed below (not available in Illinois):**
Name _____
Address _____
- ☐ 4. **Other Settlement Options –** (Only available if the Beneficiary is an individual person). An Election of Current Yield Benefit Option application (BB4342A) is required to be completed. If you have questions about these options, please call our toll-free number, 1-800-331-2213.
- ☐ Life Income
- ☐ 10 Year Fixed Income
- ☐ Interest Option *(This option is only available if stated in the original policy.)*

Principal Financial Group has a broad array of products and services to meet your financial needs. For further information, contact your Principal Financial Group Sales Representative or visit www.principal.com.

Important information you may need BEFORE completing the Beneficiary Statement:

1. If there is more than one beneficiary of the policy proceeds, a separate Beneficiary Statement must be completed, signed and submitted by each beneficiary. **YOU MUST SIGN THE CLAIM FORM AT THE BOTTOM OF PAGE 1.**
 - You can make photocopies of the Beneficiary Statement (pages 1 and 2) to use for additional beneficiaries **or** you can contact us and we'll immediately provide additional Beneficiary Statements.
2. One (1) original, certified Death Certificate, unless otherwise stated in the instruction letter, must be submitted with the Beneficiary Statement(s).
3. In addition to 1 and 2 above, the following chart explains other information that is required.
4. Failure to provide requested documents may delay settlement of claim.

If the beneficiary is...	Additional information required...
An individual person	No additional information required beyond 1 and 2 above unless an attorney-in-fact signs on behalf of the beneficiary. In this situation, we require of copy of the Power of Attorney.
Death benefit amount	If the death benefit is \$100,000 or less, a copy of the death certificate will suffice. For death benefits over \$100,000, an original death certificate and documents will need to be mailed to the address listed on page 1.
Estate of the deceased	Court issued Letters of Appointment for the Administrator/Executor of the estate.
Minor child	Due to differing state regulations and ages of children, please contact us so we can discuss the additional requirements.
Surviving children	If the beneficiary designation states that some or all of the proceeds are payable to the "surviving children", a completed, signed and notarized* Surviving Children form (DD433) is needed. This form may be enclosed, but if not, please contact us so we can immediately provide it to you. *This form must be completed by someone other than a surviving child and must be signed before a Notary Public. If the beneficiary designation specifically names the children, this form is not needed.
Trust	If face amount is below \$500,000, a completed and signed Trust Certification form (DD9152). If face amount is \$500,000 or above, a copy of the entire Trust document plus any subsequent amendments. If there is more than 1 trustee and they must act together, then all trustees must sign the Beneficiary Statement.
Corporation	A completed, signed and notarized Corporate Secretary's Certificate and Indemnification form. If the form is not attached, please contact us so we can immediately provide it to you. Per the forms instructions please include the following documents. A copy of the board resolution listing the current corporate officers. *For claims \$500,000 and above, we need Certificate of Existence.
Assignee	There are two (2) types of assignments and their requirements differ: 1. If the claim proceeds have been assigned to a funeral home, please attach a copy of the funeral home's assignment and all related paperwork, including an itemized Statement and W-9 signed by the funeral home. * <u>Note</u> : Failure to provide requested documents may delay settlement of claim. 2. If the policy was assigned as collateral for a loan (collateral assignment), please provide the assignee's statement of indebtedness. Or if the assignment has been released, please attach a signed Release of Assignment form (DD75).
Death that occurred outside the U.S.	There are additional requirements for this type of claim. We reserve the right to perform an independent verification of the death at our cost. We need original documents for all requirements and they must be mailed. Please contact us for those requirements. The claim payment may be delayed due to our independent verification.
Beneficiary living outside the U.S.	Contact us for these requirements.

Please read the fraud notice which applies to you:

**State Specific Fraud Notices
as Required by Law**

ALABAMA RESIDENTS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
ARIZONA RESIDENTS	For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS RESIDENTS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA RESIDENTS	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.
COLORADO RESIDENTS	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
DISTRICT OF COLUMBIA RESIDENTS	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
FLORIDA RESIDENTS	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
KENTUCKY RESIDENTS	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
LOUISIANA RESIDENTS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE RESIDENTS	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
MARYLAND RESIDENTS	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MINNESOTA RESIDENTS	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE RESIDENTS	Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
NEW JERSEY RESIDENTS	Any person who knowingly files a statement of a claim containing any false or misleading information is subject to criminal and civil penalties.

**State Specific Fraud Notices
as Required by Law – (continued)**

NEW MEXICO RESIDENTS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
OHIO RESIDENTS	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
OKLAHOMA RESIDENTS	Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.
PENNSYLVANIA RESIDENTS	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
TENNESSEE RESIDENTS	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
VIRGINIA RESIDENTS	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.
WASHINGTON RESIDENTS	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
ALL OTHER STATES	Any person who, knowingly and with intent to defraud any insurance company or other person, submits a statement of claim or any application form containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime. Such actions may be considered felonies and subject to criminal and civil penalties, including imprisonment and fines.

INSURANCE DEPARTMENT NOTICE OF AVAILABILITY: We are required by law to provide the following state insurance department information. If you reside in one of these states and you are not satisfied with our claim handling, you may contact the appropriate department:

State	Department Name and Address
California	In addition to Section 790.03 of the Insurance Code, Fair Claims Settlement Practices Regulations govern how insurance claims must be processed in this state. These regulations are available at the Department of Insurance Internet Web site, www.insurance.ca.gov . You may also obtain a copy of this law and these regulations free of charge from this insurer. California Department of Insurance Claims Services Bureau, 11th Floor 300 Spring Street, Los Angeles, CA 90013 1-800-927-HELP (in-state) 213-897-8921 (out-of-state) www.insurance.ca.gov
Illinois	Illinois Department of Insurance Consumer Division, 122 S. Michigan Avenue, 19th floor, Chicago, IL 60603, and in Springfield at 320 W. Washington Street, Springfield, IL 62767 Illinois law requires interest to be paid if claim is not processed within 31 days from the latest of the following to occur: <ol style="list-style-type: none"> 1) The date that due proof of death is received by the company; 2) The date that the company receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; or 3) The date that legal impediments to payment of the proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company; legal impediments to payment include, but are not limited to, (A) the establishment of guardianships and conservatorships, (B) the appointment and qualification of trustees, executors, and administrators, and (C) the submission of information required to satisfy State and federal reporting requirements. The rate may fluctuate, but the current rate is 10%.
Maryland	You and your insurer may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact the Maryland Insurance Administration.
Nebraska	Nebraska Department of Insurance 1526 K Street, Suite 200 Lincoln, NE 68508 (402) 471-2201 Nebraska Department of Insurance P.O. Box 95087 Lincoln, NE 68509-5087
New Hampshire	New Hampshire Insurance Department 21 South Fruit Street, Suite 14 Concord, NH 03301 1-800-852-3416
Rhode Island	State of Rhode Island Insurance Department 1511 Pontiac Avenue Cranston, RI 02920
Washington	We are required by law to provide the following State Insurance Department information: If you have any questions or concerns about the actions of your insurance company or agent, or would like information on your rights to file an appeal, contact the Washington State Office of Insurance Commissioner's consumer protection hotline at 1-800-562-6900 or visit www.insurance.wa.gov . The insurance commissioner protects and educates insurance consumers, advances the public interest, and provides fair and efficient regulation of the insurance industry.
West Virginia	Office of the Insurance Commissioner ATTN: Consumer Service Division P.O. Box 50540 Charleston, West Virginia 25305-0540 Phone number: Toll Free 1-888-TRY-WVIC (888-879-9842) (Consumer Services) www.wvinsurance.gov