



Principal Life Insurance Company
Principal National Life Insurance Company
Principal Securities, Inc.
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'.

Policy Values Request

for FVLI - PrinFlex Life - SVUL - VUL Accumulator

For Assistance: 800-247-9988

Fax: 866-885-0390

Email: IndLifeService@exchange.principal.com

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

1 Policy Loan Request Important: Complete Section 4 and 5 when requesting a loan.

Policy loans may negatively affect any guaranteed coverage provided by the policy, if applicable.

☐ Full Amount OR ☐ Specify Amount \$ _____

Account to be withdrawn:

☐ Same as monthly policy withdrawal ☐ Name of Account _____

In consideration of a loan by the Company on the Policy Number(s) listed above, each of the undersigned hereby:

1. Assigns the Policy(s) to the Company subject to its loan provisions, which are incorporated and made a part hereof, as security for payment of the new total loan. Any existing loan will be included in and renewed by the new total loan and the Company is authorized to supply the amount and date below.
2. Agrees that the new total loan shall bear interest from the date of the loan at the annual rate provided for in the policy(s). Such interest, plus any interest accrued on any prior loans, to be due and payable as billed and to be added to the loan principal if not paid when due.
3. Warrants that no proceedings in bankruptcy or insolvency are pending against them, that said Policy(s), endorsement of which may be waived at the option of the Company, is not subject to the claim of any party not signing this request (except the Company) and acknowledges this lien to be prior and superior to all others.

2 Partial Surrender Request Important: Complete Section 4 and 5 when requesting a partial surrender.

In accordance with the terms of the contract, I authorize you to withdraw \$ _____ as a partial surrender. The partial surrender will be effective the date this form reaches the Home Office of this company.

Allocate the withdrawal of funds from the Divisions using the monthly policy charge allocation percentage unless otherwise specified below.
Use the following percentages – whole numbers only.

All funds are available for PrinFlex Life®, VUL, SVUL, and FVLI, except where noted.**

**Fixed Account (PrinFlex Life®, VUL and SVUL only)
Restrictions apply. See your policy)

_____ % Fidelity VIP Total Market Index	_____ % LVIP American Century Disciplined Core Value	_____ %
Allspring VT Discovery All Cap Growth	_____ % Franklin Small Cap Value VIP	_____ % LVIP American Century Inflation Protection
Allspring VT Index Asset Allocation	_____ % Global Emerging Markets	_____ % LVIP American Century Mid Cap Value
American Funds IS Global Balanced Fund	_____ % Government & High Quality Bond	_____ % LVIP American Century Ultra
American Funds IS Growth	_____ % Invesco American Franchise	_____ % LVIP American Century Value
American Funds IS International	_____ % Invesco American Value	_____ % MFS Blended Research Small Cap Equity
American Funds IS New World	_____ % Invesco Core Equity	_____ % MFS Mid Cap Value
American Funds IS Washington Mutual Investors	_____ % Invesco Health Care	_____ % MFS New Discovery
BNY Mellon IP MidCap Stock	_____ % Invesco Main Street Mid Cap	_____ % MFS New Discovery Value
Calvert S&P 500 Index (1)	_____ % Invesco Small Cap Equity	_____ % MidCap
Capital Appreciation	_____ % Invesco Technology	_____ % Putnam VT LargeCap Growth
ClearBridge Mid Cap	_____ % Invesco V.I. Discovery Mid Cap Growth	_____ % Real Estate Securities
Core Plus Bond	_____ % Janus Henderson Enterprise	_____ % SAM Balanced Portfolio
Delaware SmallCap Value	_____ % Janus Henderson Global Sustainable Equity	_____ % SAM Conservative Balanced Portfolio
Diversified Balanced	_____ % Janus Henderson Global Technology and Innovation	_____ % SAM Conservative Growth Portfolio
Diversified International	_____ % LargeCap Growth I	_____ % SAM Flexible Income Portfolio
DWS Small MidCap Value VIP	_____ % LargeCap S&P 500 Index	_____ % SAM Strategic Growth Portfolio
Equity Income	_____ % LifeTime 2020	_____ % Short-Term Income
Fidelity VIP Contrafund	_____ % LifeTime 2030	_____ % SmallCap
Fidelity VIP Equity-Income	_____ % LifeTime 2040	_____ % Templeton Global Bond VIP
Fidelity VIP Extended Market Index	_____ % LifeTime 2050	_____ % TOPS Managed Risk Balanced ETF
Fidelity VIP Government Money Market	_____ % LifeTime 2060	_____ % TOPS Managed Risk Growth ETF
Fidelity VIP Growth	_____ % LifeTime Strategic Income	_____ % TOPS Managed Risk Moderate Growth ETF
Fidelity VIP High Income	_____ % Lincoln VIP Delaware SMID Cap Core (2)	_____ % VanEck Global Resources
Fidelity VIP International Index	_____ % Lord Abbett Series Fund Developing Growth	_____ % Wanger International
		Total 100 %

Please Note: If any Division has insufficient value to allow withdrawal, the funds will be withdrawn on a pro-rata basis from all divisions.

Policy Number(s)	Insured Name	Owner Name (if other than Insured)
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3 Change Address, Email, or Phone Number To:

Residential Address (permanent physical address; no P.O. Box)	City	State	Zip
Mailing Address (if different from above)	City	State	Zip
Email address	Phone Number ()		

4 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.

Social Security Number: _____ **or Employer 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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (as defined in the instructions to Form W-9), and
- I am exempt from FATCA reporting.

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.

5 Notice of Taxability, Withholding and Election

Federal law requires us to withhold income tax equal to 10% of the taxable portion of the distribution unless you elect otherwise. If we withhold federal tax, state tax withholding may also be required. If you prefer a different amount withheld, you must provide a completed Form W-4R (and/or the applicable state form) and provide the amount you want withheld. **If you do not check a box below Principal will withhold the applicable income taxes from your distribution. Principal is unable to refund any tax withholding after the transaction is complete.**

☐ I elect NOT to have federal and state income taxes withheld from my distribution.

Note: Principal may be required to disregard your election out of federal and/or state withholding. If you elect no withholding, you may want to make estimated tax payments to avoid penalties.

☐ I elect to have the default federal and state income taxes withheld from my distribution.

6 Direct Deposit Instructions (bank account holder must also be policyowner)

If requesting direct deposit of funds, check a box below:

- ☐ Direct deposit to bank account on file OR
- ☐ Direct deposit to bank account indicated below: ☐ Checking ☐ Savings

Account Holder Name	Routing Number	Account Number
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7 Special Instructions

The following Divisions are not available based on the application signature date.

- Calvert S&P 500 Index – Not available for policies with an application signature date of 04/25/2014 or after.
- Lincoln VIP Delaware SMID Cap Core – Not available for policies with an application signature date of 04/30/2021 or after.

8 Signatures: Signature of Assignee—if any (include title), or Beneficiary, if named Irrevocable, is required.

If there is an Assignment on the policy, all proceeds from a requested loan or partial surrender will be made payable to, and mailed to, the Assignee (unless otherwise directed in the Remarks or Special Instructions above).

X	Owner Signature, include title if Corporate owned, or "Trustee" if Trust owned	Print Name of Owner or Trustee	Date
X	Signature of Assignee—if any (include title), or Beneficiary, if named Irrevocable	Print Name of Assignee or Irrevocable Beneficiary	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.

The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.