



Principal National Life Insurance Company
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P.O. Box 10431, Des Moines, IA 50306-0431

Members of Principal Financial Group®

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

Payment Authorization for Electronic Fund Transfers

FOR LIFE NEW ISSUE POLICIES ONLY

PAYMENT FREQUENCY

Annual Semi-Annual Quarterly Monthly (EFT only) Single Pay

BILLING METHOD

Direct Bill Electronic Funds Transfer (EFT)

TYPE OF ACCOUNT

Checking Savings (Deposit slips should not be used to verify banking information, as routing numbers will vary)

ACCOUNT OWNERSHIP

Personal Organization

I authorize the Company to draw from my account:

One Time Initial Premium Payment*

- Immediately draw the initial premium only when form is received.
- If approved as applied for and backdating was requested, then at the issue of the policy, we may draw back premiums.
- If approved other than applied for, and a shortage is needed for the initial premium, I authorize the Company to draw the shortage upon receipt of the delivery requirements.

Recurring Premium Payments (selecting this option will allow the Company to draft recurring premium payments only)*

- All future premium payments will be drawn on the Payment Frequency chosen above.
- I understand that premium notices will not be sent to me.

*To draft the initial premium payment and future recurring premium payments, you must select both the "One Time Initial Premium Payment" and "Recurring Premium Payments" options above.

FINANCIAL INSTITUTION INFORMATION

Name		<input type="text"/>	
Routing Number (9 digits, typically located on the bottom left of the check)	Account Number (include all preceding zeros on your account number)	<input type="text"/>	<input type="text"/>
Bank Account Holder's Name	Joint Bank Account Holder's Name (if applicable)	<input type="text"/>	<input type="text"/>

AUTHORIZATION TO PAY POLICY PREMIUMS

Insured's Name	Policy Number	Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

SIGNATURES

I understand if the withdrawal requests are dishonored by the Company, whether with or without cause, that the Company shall be under no liability. This authorization will remain in effect until cancelled either by myself, the Company, or the financial institution. If any bank information is missing, any conditional receipt/temporary insurance agreement coverage will be void. Depending on your financial institution, it may take up to 3-5 business days for the transaction to show in your account.

Signature of Bank Account Holder	Printed Name of Bank Account Holder	Date (mm/dd/yyyy)
<input checked="" type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Joint Bank Account Holder	Printed Name of Joint Bank Account Holder	Date (mm/dd/yyyy)
<input checked="" type="text"/>	<input type="text"/>	<input type="text"/>