



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'.

**Endorsement Split Dollar
Benefit Instructions**

For Assistance: 800-247-9988

Fax: 866-885-0390

Email: IndLifeService@exchange.principal.com

The following beneficiary designations and death benefit splits/apportionments will be in force until revoked in writing.

Life Insurance Policy Number: _____ On the life of: _____

An endorsement split dollar arrangement is between an employer and an employee (the Insured participant), with the life insurance policy being owned by the employer (or by a trust on the employer's behalf).

While endorsement split dollar arrangement is in force: Unless the policy is collaterally assigned, the Owner may exercise all incidents of ownership in the policy except for the beneficial rights of the Insured participant and his/her beneficiary(ies) as established in Sections 2 and 3 below. If the policy should become collaterally assigned, or if some other change should occur in the employer's rights as Owner, the employer agrees to provide written notice to the Insured participant, postmarked within seven calendar days of such event. Also note, the amount of any collateral assignment in place at the time of the Insured participant's death will reduce the Owner's share of the death benefit first, with any balance reducing the share of the death benefit otherwise payable to the Insured participant's designated beneficiary(ies).

Upon termination of endorsement split dollar arrangement: In the event the endorsement split dollar arrangement is terminated prior to the Insured participant's death, the Owner shall provide satisfactory proof of such to "the Company", and shall also submit a newly signed Beneficiary Change Form to replace these Endorsement Split Dollar Benefit Instructions.

To the Owner and Insured Participant: "The Company" shall have no liability except as set forth in the policy. "The Company" shall be discharged from all liability in making payment of the proceeds pursuant to these provisions, and in permitting rights under the policy to be exercised during the life of the Insured pursuant to the policy provisions and these Endorsement Split Dollar Benefit Instructions, irrespective of any rights and obligations of the Insured, the Owner and any others under any split dollar agreement or any other agreement or instrument. Also, if any trustee beneficiary is designated, it is understood and agreed that (1) "the Company" shall not be a party to or bound by the conditions of any trust, and (2) payment of the applicable policy proceeds on the death of the Insured to the then designated trustee, pursuant to the provisions of these Endorsement Split Dollar Benefit Instructions, shall be a complete discharge as to "the Company".

Section 1: Owner's Share of Death Benefit Proceeds

Pay to the Owner an amount equal to: (check one)

- A) ☐ The sum of the total net premiums paid by the Owner on the policy, less any policy loan indebtedness as of the date of death of the Insured, and less any cash distributions received by the Owner.
- B) ☐ (1) The total cash value of the policy (the guaranteed cash value plus the cash value of any dividend accumulations and additions credited to the policy) as of the date to which premiums have been paid, less any policy loan indebtedness as of the date of death of the Insured.
- (2) If a Universal Life or Flexible Variable Life policy, the accumulated value, less any policy loan indebtedness, as of the date of death of the Insured.
- C) ☐ The greater of A) or B) above.
- D) ☐ The sum of \$ _____, or the total death benefit if less than that amount.
- E) ☐ Other, as specifically described: _____
- _____
- _____
- F) ☐ The balance of proceeds in excess of the Insured participant's share, as identified in Section 2 below.

Section 2: Insured Participant's Share of Death Benefit Proceeds

Pay to the insured participant's beneficiary(ies) identified in Section 3 below, an amount equal to...

Check One: [Note: Option A) below is to be used with options A), B), C), D), or E) of Section 1 above. Options B) and C) below are for use only with option F) of Section 1 above.]

- A) ☐ The balance of proceeds in excess of the Owner's share, as identified in Section 1 above.
- B) ☐ The sum of \$ _____, or the total death benefit if less than that amount.
- C) ☐ Other, as specifically described: _____

Section 3: Insured Participant's Beneficiary Designation

Establishing the Right to Change Insured Participant's Beneficiary Designation in Future

Check One:

- ☐ The Insured Participant; or
- ☐ The Primary Beneficiary(ies) established in this Section 3 below

shall have the future right, without requiring the consent of any other person or legal entity, to change the Insured Participant's Beneficiary Designation currently established in this Section 3 below. If neither box above is checked, or if both boxes are checked, this right shall be solely vested in the Insured Participant.

Instructions for designating the Insured participant's beneficiary(ies):

- If you (the Insured participant) list more than one beneficiary in your primary or contingent (secondary) designation, the proceeds will be paid equally to the survivors or survivor, unless you indicate otherwise by either providing Share Percentages in the table(s) below, checking the Per Stirpes Designation box below, or both.
- If you elect to provide Share Percentages, the total must equal 100% or the form will be returned. If you elect Share Percentages, proceeds for any beneficiary who dies prior to the Insured will be paid equally to the survivors or survivor, unless you indicate otherwise by checking the Per Stirpes Designation box below.
- If additional space is needed for the beneficiary designation, write "see attached" in the space provided below and attach a separate page with this form. The date, policy number, and signature(s) must appear on attached pages.
- If no beneficiary designated below survives the Insured, the Insured participant's share of the proceeds shall be payable to the Insured participant's estate.

3A. Insured Participant's Primary Beneficiary Designation ☐ No change to current designation (check box)

1. Beneficiary full name (Person or Corporation)	Beneficiary Address			
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share %	
2. Beneficiary full name (Person or Corporation)	Beneficiary Address			
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share %	
3. Beneficiary full name (Person or Corporation)	Beneficiary Address			
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share %	
4. Beneficiary full name (Person or Corporation)	Beneficiary Address			
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share %	

- ☐ Per Stirpes Designation – check box to establish Per Stirpes Designation, described as follows: If any beneficiary dies before the Insured and leaves children, by birth or legal adoption, who survive the Insured, such children of the beneficiary shall receive in equal portions the share their parent would have received if living; otherwise, the share of a beneficiary who dies before the Insured shall be paid equally to the surviving beneficiaries of the Insured.

Section 3: Insured Participant's Beneficiary Designation (Continued)

3B. Testamentary and Personal Trusts

In order to receive death proceeds, a Trust must prove its legal validity and existence in a manner acceptable to "the Company".

☐ Trustee of the Trust created in the Last Will and Testament of the Insured, OR

☐ _____ Trustee(s), or a successor in Trust under
Trustee Name(s)

_____ established _____
Trust Name Date of Trust Agreement

3C. Beneficiary Designation with UTMA "Uniform Transfers to Minors Act" Custodian

If any beneficiary is a minor, proceeds shall be paid to: _____ as custodian for
such "minor" beneficiary. Substitute custodian: _____

Contingent Beneficiary(ies): In the event the primary beneficiary(ies) predecease me, I (the Insured participant) designate the contingent beneficiary(ies) as identified in 3D and 3E below:

3D. Insured Participant's Contingent Beneficiary Designation ☐ No change to current designation (check box)

1. Beneficiary full name (Person or Corporation)	Beneficiary Address			
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
2. Beneficiary full name (Person or Corporation)	Beneficiary Address			
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
3. Beneficiary full name (Person or Corporation)	Beneficiary Address			
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
4. Beneficiary full name (Person or Corporation)	Beneficiary Address			
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%

3E. Insured Participant's Contingent Beneficiary Designation – Testamentary and Personal Trusts

In order to receive death proceeds, a Trust must prove its legal validity and existence in a manner acceptable to "the Company".

☐ Trustee of the Trust created in the Last Will and Testament of the Insured, OR

☐ _____ Trustee(s), or a successor in Trust under
Trustee Name(s)

_____ established _____
Trust Name Date of Trust Agreement

Section 4: Signatures

Name of Corporation or Trust which owns the policy (the Owner)		
Signature of Corporate Officer(s) (if corporate owned)	Title of Officer(s)	Date
Signature of Trustee(s) (if trust owned)	Title of Trustee(s)	Date
Signature of Witness for Owner (required for life insurance policies issued in the State of Massachusetts)	Print Name of Witness	Date
Signature of Insured Participant		Date
Signature of Witness for Insured Participant (required for life insurance policies issued in the State of Massachusetts)	Print Name of Witness	Date