



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

Preliminary Information
(Term Products Only)

The following information is required to be provided on or before the date of the application. All parties must sign and date.

State of Issue _____
Proposed Insured _____
Risk Classification _____
Gender, Issue Age _____
Agent Name and Address _____

PLAN OF INSURANCE (i.e., 10 YT, 15 YT, etc.) _____
INITIAL AMOUNT OF INSURANCE _____
INITIAL ANNUAL PREMIUM _____
(If you pay premium other than annually, then the total premium amount will be greater than if you paid premium annually.)

INTEREST ADJUSTED INDICES	Guaranteed Basis	
	<u>10 Year</u>	<u>20 Year</u>
Net Payment Cost Index		
Surrender Cost Index		

If not feasible to provide any of the above items prior to application, they may be estimated in good faith at the time this form is completed; actual values will be furnished soon thereafter, prior to delivery of the Policy.

An explanation of the intended use of the indices shown above, are included in the Life Insurance Buyer's Guide.

When the Policy is issued and delivered, you will be given a complete Policy Summary, including cost data, which will be based on the benefits and premiums of the Policy as issued. Following receipt of the Policy and Policy Summary, there will be a period of not less than ten days within which you may return the Policy and obtain an unconditional refund of all premiums paid.

Signature of Owner(s)/Applicant(s)

Printed Name(s) of Owner(s)/Applicant(s)

Signature of Agent

Printed Name of Agent

Date

This document is not a recommendation and is not included to be taken as a recommendation that you purchase this product.