Principal ®

Principal Life Insurance Company
Principal National Life Insurance Company
Members of Principal Financial Group®
P.O. Box 10431, Des Moines, IA 50306-0431

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

STATEMENT OF ENGLISH UNDERSTANDING OR USE OF TRANSLATOR

All proposed insureds and owners whose primary/native language is other than English must read and sign:

Statement of Understanding: [applies to insured and owner(s)]

I understand that I have signed an application for a ☐ life insurance, ☐ disability insurance, or ☐ annuity product from the Principal Financial Group®. I understand that such statements will be the basis of any product issued, and that non-disclosure, incomplete or incorrect statements could result in denial of a claim.

Statement of Understanding: [applies to owner(s)]

I understand that if a product is issued, the contract and everything I receive from "the Company" in connection with the contract will be written in English. This includes but is not limited to applications, letters, legal notices, premium notices, lapse notices, annual reports, change of beneficiary forms, other transaction forms and claim forms. I agree to be bound by the terms of the contract and by all documents I receive or sign, even though they are in English. I understand I have the right to have these documents translated for me at my own expense. My signature below attests to my agreement to this Statement of Understanding.

Statement of Understanding: [applies if insured is not the owner of the product]

I understand that I have signed an application for a product from the Principal Financial Group®, and that I will not be the owner of this product. I consent to the issuance of this product and my signature below attests to my agreement to this Statement of Understanding.

Authorization:

I authorize "the Company" to release information and materials for translation purposes about me to persons or firms providing translation services, as may be necessary in connection with the purchase of this product. I am entitled to receive a copy of this authorization. My signature below applies to this Authorization.

Owner(s)	**Insured:**	(Each owner & insured must check one statement)
☐	☐	I certify that I am able to read, speak and understand English. I have read and understood all of the application pages without any assistance in translating.
☐	☐	The selling agent or broker is fluent in my language and acted as translator for this application. The agent or broker fully explained the application and questions to me in my own language.
☐	☐	The application and questions were fully explained to me with the assistance of a translator. The translator also explained my answers to the agent or broker. The following person, who acted as translator, is not a friend, a member of the family, or a beneficiary of the product applied for. Name and address of translator:

I understand that if a product is issued, the contract and everything I receive from "the Company" in connection with the contract will be in English. This includes but is not limited to applications, letters, legal notices, premium notices, lapse notices, annual reports, change of beneficiary forms, other transaction forms and claim forms. I agree to be bound by the terms of the contract and by all documents I receive or sign, even though they are in English. I understand I have the right to have these documents translated for me at my own expense. If I call or correspond with "the Company" on any matter related to my policy, I agree to do so in English, using a translator if necessary. My signature below attests to my agreement to this Statement of Understanding.

_____
Owner(s)

_____
Insured (if different than owner)

_____
Date

_____
Licensed Representative

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