

TRANSFER FORM (REQUIRED FOR ALL TRANSFERS)

Principal Life Insurance Company®
 Des Moines, IA 50392-0001
 Phone 1-800-852-4450
 Fax 1-866-894-2087
 email: annuityprocessing@principal.com
 A member of Principal Financial Group®



Request to Transfer

Other Company's Information

Company's Name _____

Company's Physical Address (P.O. Box/Mail Drop locations not acceptable) _____

City _____ State _____ Zip _____

Company's Phone Number _____

Company's Fax Number _____

Company's Contract Number(s) for Owner _____

Owner's/Annuitant's Information

Owner's Name _____

Joint Owner's Name _____

Annuitant's Name (Complete only if different than owner) _____

Joint Annuitant's Name (Complete only if different than owner) _____

Owner's Address _____

City _____ State _____ Zip _____

Social Security Number _____ Daytime Phone Number _____

Principal's Contract Number(s) for Owner _____

Transfer Amount

I request you transfer the following to Principal Life Insurance Company:

Amount: Liquidate entire account balance
 Approximate amount \$ _____

Partial Transfer
 Amount \$ _____

Free surrender amount

Transfer Date

Immediately

Upon End of Surrender Charge Period:
 After _____ MM/DD/YYYY

Between _____ MM/DD/YYYY and _____ MM/DD/YYYY

Other Company's Funding Product

Please select the funding product of the other company:

Mutual Fund 401k

Annuity Brokerage Account

Life Insurance Other _____

Contract:

Enclosed

Lost or Destroyed

For qualified plan transfer:

Traditional IRA

Transfer from Traditional IRA, SIMPLE IRA*, or SEP IRA

Transfer from eligible qualified plan
 (e.g., pension plan, 403(b) plan, Government 457 Plan)

Roth IRA

Transfer from Roth IRA Date Opened: _____

Transfer from Roth 401(k) Date Opened: _____

Non-deductible contributions Amount \$: _____

Conversion from Traditional IRA, SIMPLE IRA*, or SEP IRA.

529 Plan

I certify the contribution meets all requirements to be a qualified rollover (including but not limited to: 529 account has been open for more than 15 years, the contribution is subject to the annual Roth IRA contribution limits and the aggregate amount of such contributions from a 529 for all years does not exceed \$35,000).
 Required minimum distributions cannot be converted to a Roth IRA

SIMPLE IRA

Transfer from Traditional IRA*, SIMPLE IRA*, or SEP IRA*

Transfer from eligible qualified plan
 (e.g., pension plan, 403(b) plan, Government 457 Plan)

SEP IRA

Transfer from Traditional IRA, SIMPLE IRA*, or SEP IRA

Transfer from eligible qualified plan
 (e.g., pension plan, 403(b) plan, Government 457 Plan)

*Funds cannot be transferred or converted for two years following the date of the initial SIMPLE contribution.

For qualified plan transfer: (continued)

Beneficiary IRA

Transfer from Beneficiary IRA

For non-qualified transfer:

Transfer from Certificate of Deposit (CD)

Transfer from Mutual Fund

Transfer from a Life policy as a Section 1035 exchange

Transfer from an Annuity contract as a Section 1035 exchange

Transfer from Brokerage Account

Transfer from non-qualified Beneficiary Stretch

I hereby assign and transfer all right, title and interest of every nature and character in the above contract(s) ("the Contract") to the Principal Life Insurance Company ("Assignee"). The purpose of this assignment is to effect a non-taxable exchange of contracts under Internal Revenue Code Section 1035 (IRC Sec. 1035).

The Contract is not subject to any assignment, pledge, collateral assignment or other lien. No proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and I am not under guardianship or any legal disability.

I understand that the Assignee will request a transfer of the original Contract, or a portion of it, from the Company that issued it and it is that Company's responsibility to pay the proceeds in a timely manner.

I understand that the proposed transfer may have important tax consequences. I also understand that the Assignee is furnished this Form and is participating in this transaction at my request. I understand that the assignee has no responsibility or liability for the validity of this assignment or the tax treatment of the proposed transfer.

Payment Information for Other Company's Use – Please make check payable (and mail the check) to:

Regular mail

Principal Financial Group
FBO (Owner's Name/Contract Number)
ATTN: RIS Annuity Services
P.O. Box 9382
Des Moines, IA 50306-9382

Overnight mail

Principal Financial Group
FBO (Owner's Name/Contract Number)
ATTN: RIS Annuity Services
711 High Street
Des Moines, IA 50392-1770

Payment Information for Companies of the Principal Financial Group

Please make check payable to Principal Life Insurance Co. and inter-office mail to: RIS Annuity Services.

Wire instructions

For Principal Strategic Outcomes and Principal Strategic Income use **ABA: 121000248 - account number: 4603658477**

For all other Principal Annuity products use **ABA: 121000248 - account number: 1954173579**

Bank name: Wells Fargo Bank, N.A.

Account name: Principal Life Insurance
Company Individual EFT

Receiving party address: 711 High Street, Des Moines, IA 50392

OBI: Owner's name, contract number

Tax Withholding Election (Conversion to Roth IRA only)

I understand that the amount converted to a Roth IRA will be subject to a 10% income tax withholding requirement unless I elect not to have withholding apply. **Please check one.**

Note: If a withholding election is not selected, we will consider an election to have withholding apply.

I elect **not to have** federal or applicable state withheld from any taxable distribution(s).

I elect **to have** federal and applicable state withheld from any taxable distribution(s).

I understand that no election against withholding may be treated as valid unless I provide my Taxpayer Identification Number (TIN/Social Security Number, including any required certification on a Substitute Form W-9. Regardless of my withholding election, I am liable for payment of applicable taxes, which may include estimated tax if sufficient income tax is not withheld.

Owner's Signature and Tax Identification Number Certification

I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer or convert my funds as set forth in this form. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that if I establish a separate conduit account, it is my responsibility to keep my conduit account separate from my other accounts. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer or conversion decision. The custodian/trustee agrees to accept these funds as a transfer or conversion. I understand Principal Life Insurance Company will not credit transferred funds any earnings prior to the effective date of the replacing annuity contract.

Under penalties of perjury, I certify that:

- 1. 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**
- 2. 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**
- 3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and**
- 4. The FATCA code entered on this form (if any) indicating the payee is exempt from FATCA reporting is correct. FATCA Code (if any) _____**

Certification instructions: 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.

See the IRS website (www.irs.gov) for instructions in completing Form W-9.

I am a nonresident alien or foreign corporation.
Please send me an IRS Form W-8 to complete and return.

Taxpayer Identification Number/Social Security Number

Owner's Signature

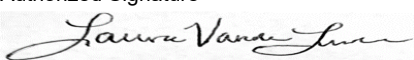
Date MM/DD/YYYY

Joint Owner's Signature

Date MM/DD/YYYY

Acceptance

Principal Life Insurance Company agrees to accept as an issuer on behalf of the above named Owner(s), the assets being transferred from the above referenced account(s). For transfers of tax-qualified funds, the new contract must meet the same Internal Revenue Code requirements as the existing contract or plan. On the above authorization and/or assignment, please liquidate the above assets.

Authorized Signature	Title	Date MM/DD/YYYY	Phone Number
	Director		800-852-4450