



Mailing Address:
P.O. Box 10431
Des Moines, IA 50306-0431

Principal Life Insurance Company
Beneficiary Change Form

For assistance, please call: 1.800.247.9988

Policy Information

The following beneficiary designation will be in force until revoked in writing.

Policy Number(s) On the Life of

STEP 1 - Complete the appropriate section.

If your beneficiary is:

- An Individual Person(s) Complete section A
A Corporation Complete section A
A Trust Complete section B
Minor Children Complete sections A and C

If your beneficiary is for:

- An Insured Term Rider Complete section D

STEP 2 - Sign the appropriate section.

- For an Individually owned policy Sign section E
For a Corporate/Trust owned policy Sign section F

Designation Instructions

- If you list more than one beneficiary in your primary or secondary designation, the proceeds will be paid equally or to the survivors or survivor, unless you indicate otherwise.
If you elect to fill out percentages, the total must equal 100% or the form will be returned to you.
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.

A. Primary Beneficiary Designation

No change to current designation (check box)

Table with 4 rows and 4 columns: Beneficiary full name, Relationship, Share%, Last 4 digits of Social Security #

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. (check box if applicable).

In the event said primary beneficiary(ies) predecease me, I designate as a contingent beneficiary(ies):

Secondary (Contingent) Beneficiary Designation

No change to current designation (check box)

Table with 4 rows and 4 columns: Beneficiary full name, Relationship, Share%, Last 4 digits of Social Security #

B. Testamentary and Personal Trusts

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

C. 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: _____

D. Spouse or Child Term Rider

Proceeds on the death of the Insured spouse shall be paid to:

Beneficiary full name	Relationship	Last 4 digits of Social Security #
_____	_____	_____

Proceeds on the death of an insured child shall be paid to:

Beneficiary full name	Relationship	Last 4 digits of Social Security #
_____	_____	_____

E. Signature for policies Owned by Individual(s)

Signature of Owner	Email Address	Telephone	Date
_____	_____	()	_____
Signature of Joint Owner	Email Address	Telephone	Date
_____	_____	()	_____
Signature of Custodian, Guardian, or Conservator	Title		Date
_____	_____		_____
Signature of Beneficiary (if named irrevocable)			Date
_____			_____
Signature of Witness (required for life insurance policies issued in the State of Massachusetts)			Date
_____			_____

F. Signature for policies owned by a Corporation or Trust

Name of Corporation or Trust _____

Signature of Officer(s)	Title of Officer(s)	Date
_____	_____	_____
Signature of Trustee(s)	Title of Trustee(s)	Date
_____	Trustee	_____
Signature of Beneficiary (if named irrevocable)		Date
_____		_____
Signature of Witness (required for life insurance policies issued in the State of Massachusetts)		Date
_____		_____

For more information:
Log on to our website at www.principal.com