



**Principal Life Insurance Company**  
**Principal National Life Insurance Company**

P.O. Box 10431, Des Moines, IA 50306-0431  
[www.principal.com](http://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'.

**Authorization For Release of Information**

For Assistance: 800-247-9988

Fax: 866-885-0390

Email: [IndLifeService@exchange.principal.com](mailto:IndLifeService@exchange.principal.com)

**PLEASE PRINT CLEARLY**

Policy Number(s)	Policyowner Name	Phone Number (      )
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I, the policyowner, authorize the Company to release information about my insurance policy(ies) to the Authorized Person(s) listed below.

- a) I understand that the person(s) named on this form will replace any previously named Authorized Person(s).
- b) I understand this form authorizes only the release of policy information about my insurance policy(ies) (not personal medical information about the insured), and does not authorize the person/entity listed below to exercise any ownership rights under the policy.
- c) I understand and agree that the Company may terminate this authorization at its discretion at any time without prior notice.
- d) This authorization will remain in effect until the Company receives either 1) notice from me that such authority has been revoked; or 2) acceptable proof of an owner's death, or 3) a change in ownership of the policy. The Company must receive notice of these events in a form acceptable to the Company.
- e) I agree to indemnify and hold the Company and all of its directors, officers and employees harmless from all liabilities and costs, including attorney fees, which it may incur by relying on this authorization.
- f) I understand that the Authorized Person(s) will be authenticated with each request for information. This authentication involves the Authorized Person providing certain information about the policy or policyowner.

**Requests for illustrations:** Your policy allows the policyowner to request and receive one current inforce illustration each year without charge. Under this Authorization, the Authorized Party may make up to 4 requests for inforce illustrations per calendar year per policy. We reserve the right to change this service level and/or charge for services at any time.

**Information about the Authorized Party**

If your Authorized Party is a Company or Trust, please list no more than 5 Authorized Persons below.

Name of Authorized Person(s)	
Company Name, if applicable	
Address (Street, City, State, and Zip Code)	Contact Phone Number (      )

**Signatures** (All policyowners must sign and date. If this form is not dated, it will be effective the date we receive it.)

1. Policyowner Signature (include Title if Corporate owned or Trustee if Trust owned)	Date
2. Policyowner Signature (include Title if Corporate owned or Trustee if Trust owned)	Date

If signing on behalf of another, \* provide relationship

\* If this authorization is signed by someone other than the policyowner, please include the proper documentation that attests to your ability to sign (certified letters of appointment as executor of an estate, guardianship, or power of attorney, etc.).