Principal Life Insurance Company
Principal National Life Insurance Company
Principal Securities, Inc.
P.O. Box 10431, Des Moines, IA 50306-0431
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'.

Customer Service Request

For Assistance: 800-247-9988
Fax: 866-885-0390
Email: IndLifeService@exchange.principal.com

You may Fax this form to: Life Insurance 866-885-0390 | Disability Insurance 866-825-4779

Policy Information

Policy Number(s) | Insured Name/Contact Phone Number

Use a separate form for each Policy unless all requests made are applicable to each policy number listed. Any corrections must be crossed out and initialed by the Owner.

1 Change of Name

☐ Insured ☐ Owner – If company Name Change, copy of corporate minutes is required ☐ Beneficiary

From | To

Reason for Change

☐ Adoption (attach court order) ☐ Correction ☐ Court Order (attach court order) ☐ Divorce ☐ Marriage

2 Correction of Age

	Correct Date of Birth	Correct Age at Issue Date of Policy	
☐ Insured ☐ Spouse			Please Attach Evidence (i.e. Copy of Birth Certificate)

3 Change Premium Frequency To:

☐ Annual ☐ Semiannual ☐ Quarterly

There may be an additional charge for premium frequencies other than annual. Review the Data Pages of your policy for any additional charges or call 1-800-247-9988 to speak to a Customer Service Representative.

4 Change Planned Periodic Premium to: (For Universal Life and Variable Universal Life Policies ONLY)

$ _____

5 Change Address, Email, or Phone Number To:

Residential Address (permanent physical address; no P.O. Box) | City | State | Zip

Mailing Address (if different from above) | City | State | Zip

Email address | Phone Number ( )

6 ☐ Request a Replacement for a Lost Policy

The original Policy has been lost or destroyed, and to the best of my knowledge is not in the possession of any other person or firm. The Company will be held harmless and free from all claims as a result of creation of the replacement policy.

7 Signatures (If this form is not dated, it will be effective the date it is received in our Home Office.)

I certify the above information is true and correct. My signature below confirms that all Policyowners have discussed this request and have agreed on its terms.

X _____ _____ _____

Owner Signature, include title if Corporate owned, or "Trustee" if Trust owned | Print Name of Owner or Trustee | Date

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