



Principal Life Insurance Company
Principal National Life Insurance Company

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'.

Beneficiary Change

For Assistance: 800-247-9988

Fax: 866-885-0390

Email: IndLifeService@exchange.principal.com

Policy Information

Policy Number(s)	On the Life of (the insured)
Owner's Phone Number ()	We will only use this phone number if we have questions regarding the completion of this form.

Important information about changing your policy beneficiary

1. This form must be completed, signed, received in, and approved by our office to effect a change of your policy(ies) beneficiary. Instructions for completing the form are below. Please mail the completed form to us at the address above or you may fax it to the number listed above. *A proper and current beneficiary designation is an important matter, so please carefully read the instructions and/or call us for assistance.*
2. The beneficiary designation made on this form will be in force until revoked in writing. We encourage you to designate both a Primary and a Contingent beneficiary (see information below).
3. This designation will apply to all policies listed above. If you want different designations for certain policies, simply use a photocopy of this form. If space is needed for more beneficiaries than this form allows, please attach additional pages and be sure to include date of birth, Social Security Number or TIN, address and share percentage for each beneficiary. The date, policy number, and the signature(s) of the owner must appear on each additional page.
4. Do not use this form to update the name or address of a current beneficiary. To request updates to personal information on current beneficiaries, please provide a letter of instruction and include the policy number(s), date, and signature of owner(s).
5. In some situations, we may request additional information from you.
6. If a correction is needed to this form after it has been completed, cross out the change and initial the correction prior to sending to us. *Do not alter this form by any other method, such as the use of white out.*

Beneficiary designation types

These are the most common types of beneficiary designations:

PRIMARY Beneficiary is...	A person or entity you designate as the recipient of the death benefit upon the insured's death.
CONTINGENT Beneficiary is...	A person or entity you designate as the recipient of the death benefit if the primary beneficiary dies prior to the insured's death.
IRREVOCABLE Beneficiary is...	A person or entity you designate as the recipient of the death benefit upon the insured's death and whose share cannot be changed without his or her consent. Designating an irrevocable beneficiary will require the irrevocable beneficiary and owner(s) to sign for any changes to the beneficiary.

Sample designations for your review

PRIMARY Beneficiary:	James Smith, husband, 100% (or) Estate of Mary Smith, 100%
PRIMARY with shares:	James Smith, husband, 46% and Don Smith, son, 54%
PRIMARY is a Corporation:	ABC Corporation, 100%
PRIMARY is a Trust:	See page 2, Section 1B
CONTINGENT:	Use the same samples as PRIMARY
IRREVOCABLE:	James Smith, Husband – Irrevocable Beneficiary, 100%

Policy Number(s)

On the Life of (the insured)

SECTION 1: PRIMARY Beneficiary change

1A. PERSON(S) OR CORPORATION(S) named as beneficiary(ies):

- If Section 1 is left blank, the existing Primary Beneficiary designation on file will remain unchanged.
- The requested personal information will help the Company locate your beneficiary(ies) at the time of a death claim.
- This designation requires a (share) percentage of the proceeds for each beneficiary, which must total 100%. Share designations using monetary amounts, or which do not total 100%, will not be approved and will be returned to you.
- If more than one beneficiary is designated without share percentages, the proceeds will be paid equally or to the survivor(s), unless otherwise designated.

1. Beneficiary full name (Person or Corporation)		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
2. Beneficiary full name (Person or Corporation)		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
3. Beneficiary full name (Person or Corporation)		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
4. Beneficiary full name (Person or Corporation)		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%

Per Stirpes Designation to be applied to all beneficiaries listed above. (**PER STIRPES** definition: If any beneficiary predeceases 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 of the proceeds the beneficiary would have received if living.)

For any beneficiary who is a minor, proceeds shall be paid to _____, if living, otherwise to _____, as custodian for the minor beneficiary pursuant to the UTMA laws of the state of residency of the minor*. By checking this box, the Company will apply the appropriate UTMA law to any beneficiary that is a minor at the time of settlement.

*UTMA not available in states of VT and SC.

1B. TRUST named as beneficiary (Testamentary or Personal Trust Designation)

At the time of a claim, we will request additional trust documentation.

Please choose only ONE option

Testamentary Trust – Trustee of the Trust created in the Last Will and Testament of the Insured;

OR

Personal Trust Designation – Enter present trust information below

_____ Trustee(s), or a successor in Trust under
Trustee Name(s)

_____ established _____
Trust Name Date of Trust Agreement

Trustee Address

Policy Number(s)

On the Life of (the insured)

SECTION 2: CONTINGENT Beneficiary Change

(Used in the event ALL Primary beneficiaries pre-decease the Insured)

2A. PERSON(S) OR CORPORATION(S) named as beneficiary(ies):

- If Section 2 is left blank, the existing Contingent Beneficiary designation on file will remain unchanged.
- The requested personal information will help the Company locate your beneficiary(ies) at the time of a death claim.
- This designation requires a (share) percentage of the proceeds for each beneficiary, which must total 100%. Share designations using monetary amounts, or which do not total 100%, will not be approved and will be returned to you.
- If more than one beneficiary is designated without share percentages, the proceeds will be paid equally or to the survivor(s), unless otherwise designated.

1. Beneficiary full name (Person or Corporation)		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
2. Beneficiary full name (Person or Corporation)		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
3. Beneficiary full name (Person or Corporation)		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%
4. Beneficiary full name (Person or Corporation)		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share	%

Per Stirpes Designation to be applied to all beneficiaries listed above. (**PER STIRPES** definition: If any beneficiary pre-deceases 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 of the proceeds the beneficiary would have received if living.)

For any beneficiary who is a minor, proceeds shall be paid to _____, if living, otherwise to _____, as custodian for the minor beneficiary pursuant to the UTMA laws of the state of residency of the minor*. By checking this box, the Company will apply the appropriate UTMA law to any beneficiary that is a minor at the time of settlement.

**UTMA not available in states of VT and SC.*

2B. TRUST named as beneficiary (Testamentary or Personal Trust Designation)

At the time of a claim, we will request additional trust documentation.

Please choose only ONE option

Testamentary Trust – Trustee of the Trust created in the Last Will and Testament of the Insured;

OR

Personal Trust Designation – Enter present trust information below

_____ Trustee(s), or a successor in Trust under
Trustee Name(s)

_____ established _____
Trust Name Date of Trust Agreement

Trustee Address

Policy Number(s)

On the Life of (the insured)

SECTION 3: Spouse Term or Child Term Rider Beneficiary Change
(Only Applies if you have these Riders)

3A. SPOUSE TERM RIDER: Proceeds on the death of an Insured spouse shall be paid to:

Beneficiary full name		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share %	

3B. CHILD TERM RIDER: Proceeds on the death of an Insured child shall be paid to :

1. Beneficiary full name		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share %	
2. Beneficiary full name		Beneficiary Address		
Relationship to Insured	Date of Birth	Social Security Number or TIN	Share %	

SECTION 4: Signature(s) Needed to effect the Beneficiary Change

Owner hereby expressly represents that no person, firm or corporation other than the undersigned has any interest in the Policy, including marital or divorce obligations, and that no insolvency or bankruptcy proceedings have been instituted or are pending against the undersigned. I understand if such obligations exist at the time of claim, they may take precedence over payment of the death benefit to my designated beneficiary.

4A. Signature(s) for policies owned by Individual(s)

Signature of Owner	Date	Email Address
Signature of Joint Owner	Date	Email Address
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	

4B. Signature(s) 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
Signature of Beneficiary (if named irrevocable)	Trustee	Date
Signature of Witness (required for life insurance policies issued in the State of Massachusetts)	Date	