



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Beneficiary Designation/
Change - Life

Company Name Account/Unit Number

Employee Information

Your name (last, first, middle initial) Social security number

Group Term Life Beneficiary Designation (Complete if covered for group term life coverage.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below.

Primary Beneficiaries:

Form with 6 rows for primary beneficiaries, each row containing Name, Percentage, Relationship, and Address fields.

Contingent Beneficiaries:

Form with 6 rows for contingent beneficiaries, each row containing Name, Percentage, Relationship, and Address fields.

The right to make future changes is reserved. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to said company.

If you have designated a minor child(ren) as your beneficiary, you must complete the Uniform Transfers to Minors Act form.

Signature

Signature of employee

Date signed

Sample Beneficiary Designations

Be sure to use given names such as "Mary M. Doe," not "Mrs. John Doe" and include address and relationship of the beneficiary or beneficiaries to you.

Proposed Beneficiary

Suggested Wording for Beneficiary "name"

Insured's Estate

My Estate

Trust with Individual Trustees

Richard Doe and John Smith, Trustees, or a Successor in Trust under (Trust Name) established XX/XX/XXXX

Present or Living Trust

ABC Bank & Trust Company, Des Moines, Iowa. Trustee under (Trust Name) established XX/XX/XXXX

Testamentary Trust

Trustee of Mary I Doe Trust or Successor in Trust established by the Last Will & Testament of the Insured Dated XX/XX/XXXX

Note: Make a copy of Page 1 and 2 for your records and distribute copy to employee.