



RIS Annuity Services  
801 Grand Ave - IDPC 8th Floor  
Des Moines, IA 50392-1770

Principal Life  
Insurance Company

Annuity Financial  
Transaction Form

## GENERAL INFORMATION

Contract Number	Owner		
<input type="checkbox"/> Check box if change of address and complete Section "C."	Phone	Home	Work
		( )	( )

I, \_\_\_\_\_, ☐ Owner, hereby requests that Principal Life Insurance Company hereinafter referred to as the "Company" make the following changes or corrections to my Contract hereinafter referred to as the "Contract" or to provide the requested service transaction.

## TERMINATION or TRANSFER

- ☐ Terminate Contract effective \_\_\_\_\_ Effective date can be on or after the date form is received in our Home Office. Reason, for 412(i) plans only: \_\_\_\_\_
- ☐ Terminate upon receipt of form Reason for 412(i) plans only: \_\_\_\_\_
- ☐ Transfer (You must complete Section "C"/Payment Address Instructions. Before executing an exchange under Section 1035(a) of the IRS code, or a direct transfer of qualified funds, you may wish to seek independent tax advice as to the taxability of the transaction and required procedures. Final responsibility lies with you and your tax or legal advice.)

Enclose contract or data page. If not, indicate if: ☐ Contract Lost ☐ Contract Destroyed

**\*\*Are you exercising your rights under the Waiver of Surrender Charge Rider? If yes, please contact our office for verification and additional forms at 1-800-852-4450.**

## PARTIAL SURRENDER/UNSCHEDULED SURRENDER

**\*Note: Partial surrenders made before age 59½ may be subject to an IRS 10% penalty. Please consult your tax advisor for advice.**

**Contracts with Investment Protector Plus Rider only: Scheduled and unscheduled partial surrenders taken from this contract may impact your benefit under the Investment Protector Plus Rider. Please see your contract or prospectus for details.**

- ☐ Partial surrender of:
- ☐ \*Specified Amount \$ \_\_\_\_\_ Reason for 412(i) plans only: \_\_\_\_\_
  - ☐ Amount Available without Surrender Charges and (for Principal Select Series Annuity<sup>SM</sup>) Market Value Adjustment
  - ☐ Minimum Distribution
    - ☐ My life expectancy only.
    - ☐ The joint life expectancy of my spouse and me.

Spouse's Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
MM/DD/YYYY

For Variable Annuities ONLY: If you choose to have the partial surrender allocated other than the current surrender allocation percentages, please indicate divisions(s) and percentage(s) below:

Division/Account	Percentage	Division/Account	Percentage	Division/Account	Percentage
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**\*Minimum daily balance requirements may apply. Refer to your annuity contract for the minimum withdrawal amount & rules regarding the minimum balance of accumulated value after a partial withdrawal. VA contracts require a \$100 minimum withdrawal. FPDA contracts require a \$200 minimum withdrawal. SPDA, SPDA Plus, SPDA Choice, FPDA Plus, Principal Performance Annuity, Principal Growth Fixed Annuity, Principal Guaranteed Fixed Annuity, and Principal Select Series Annuity<sup>SM</sup> contracts require a \$500 minimum withdrawal.**

**FLEXIBLE WITHDRAWAL OPTION/SCHEDULED SURRENDER** (Complete Bank Information in Section "C" for Direct Deposit)

I understand that I can take distributions from my account using your Flexible Withdrawal Option (FWO) payout feature. The minimum distribution amounts are based upon Internal Revenue Service (IRS) life expectancy tables. For Variable Annuities\*, interest options are only available under the Fixed Account.

**Type of Payment Option** (select one):

The following options must be paid on the contract's monthly anniversary:

- ☐ Current Interest only<sup>1</sup>      ☐ All Interest (Back to Last Anniversary)<sup>1</sup>      ☐ 10% Surrender Free Amount<sup>2</sup>  
☐ 7% Investment Back<sup>3</sup>      ☐ 5% For Life<sup>3</sup>      ☐ Fixed Account Free Transaction (FAFTA) Amount<sup>4</sup>

<sup>1</sup> These options are not available for the Principal Performance Annuity and the Principal Freedom<sup>SM</sup> Variable Annuity 2.

<sup>2</sup> 10% Surrender Free Amount is not available for Variable Annuities, SPDA Choice, and Principal Select Series Annuity<sup>SM</sup>.

<sup>3</sup> 7% Investment Back and 5% For Life payment options are only available to contracts with the Investment Protector Plus Rider. Distribution amounts will be redetermined once each year based on the current Withdrawal Benefit Payment amount. Please see your contract or prospectus for details.

<sup>4</sup> FAFTA is available with the Principal Freedom<sup>SM</sup> Variable Annuity product only.

The following options are paid on the date you specify below:

☐ Flat Amount \$ \_\_\_\_\_

☐ Minimum Distribution

☐ My life expectancy only.

☐ The joint life expectancy of my spouse and me.

Spouse's Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
MM/DD/YYYY

I understand that distribution amounts will be redetermined once each year based on my current life expectancy and remaining retirement account balance. (I may elect to convert my remaining retirement account balance to a guaranteed annuity or take it in cash at any time.)

**Payments are to be made:**

☐ Monthly      ☐ Quarterly      ☐ Semiannually      ☐ Annually

☐ First payment made on (effective date of FWO) \_\_\_\_\_  
MM/DD/YYYY

(Choose one option below to indicate when changes elected above should take effect.)

☐ Continue current FWO payments until new effective date.

☐ Stop all current payments until new effective date.

**SECTION A: Federal Income Tax Withholding**

Please check one. **Failure to return a completed election will be considered an election to have withholding apply.**

☐ I elect **not to have** federal or applicable state tax withheld from any taxable distribution(s).

☐ I elect **to have** federal and applicable state tax withheld from any taxable distribution(s).

I understand that no election against withholding may be treated as valid unless I provide my Taxpayer Identification Number (TIN)/Social Security Number, including any required certification on a Substitute Form W-9. You may change or revoke your election at anytime by notifying us in writing. Regardless of your withholding election, you are liable for payment of applicable taxes which may include estimated tax if sufficient income tax is not withheld.

**SECTION B: Required Minimum Distribution** (Complete this section if you are transferring to another company)

☐ I will be less than 70½ throughout this calendar year. No minimum distribution is required.

☐ I have satisfied my minimum distribution requirements from this account and/or from other resources for the calendar year in which the transfer will occur.

☐ Prior to completing the transfer of funds to the other company, distribute my required minimum distribution amount to me. If additional forms are required, contact me immediately.

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## SECTION C: Payment Address/Bank Information

Please send check to the following address:

Payee

Mailing Address	City	State	ZIP
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☐ **Overnight check at my expense**

Credit Card Number	Expiration Date	*Verification Code
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\*Credit Card Verification Code:

Visa and MasterCard: Last 3 digits above the signature block on the back of the charge card.

American Express: 4 small numbers listed on the front, top right of the charge number.

### Bank Information

IF bank, please complete the section below:

Bank Name	Branch Office
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Address	City	State	ZIP
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Phone  
(      )

**Indicate the method to which deposits are to be made:**

☐ Wire (For one time withdrawals only. Your bank may assess charges for this option.)

☐ Checking      **Note: A voided check must be enclosed.** Check should show the routing and transit number.

☐ Savings Account      **Complete:** Routing and transit number \_\_\_\_\_  
Your account number \_\_\_\_\_

☐ Trust Account      **Complete:** Trust account number \_\_\_\_\_  
Your account number \_\_\_\_\_

☐ Mail check to bank (This option is available for one time withdrawals only.)

☐ Electronic Fund Transfer (Available for Flexible Withdrawal Option only.)\*

☐ Checking      **Note: A voided check must be enclosed.** Check should show the routing and transit number.

☐ Savings Account      **Complete:** Routing and transit number \_\_\_\_\_  
Your account number \_\_\_\_\_

☐ Trust Account      **Complete:** Trust account number \_\_\_\_\_  
Your account number \_\_\_\_\_

**If no box is checked, a check will be mailed to the Bank.**

Note: Payments cannot be deposited into an Individual Retirement Account or an Investment Brokerage Account.

\*Electronic Fund Transfers on Variable Annuities will be credited 2 days after effective date of your FWO.

## SECTION D: Authorization Agreement

I Hereby Authorize:

- Principal Life Insurance Company (herein called the Company) to initiate credit entries to my account, at the financial institution named above (herein called the Bank).
- The Company, if necessary, to initiate debit entries and adjustments to correct any credit entries made in error.
- The Bank to credit and/or debit entries to my account.

This Authorization:

- Applies to any payments that hereafter become due and payable to me under the provisions of the contract(s) identified by the Annuity Number on the preceding page.
- Is to remain in full force until I otherwise notify the Company in writing at its Home Office.

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**SECTION E: Signature and Tax Identification Number/Social Security Number Certification**

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I certify under penalties of perjury that:

- A) The taxpayer identification number/social security number shown on this form is my correct taxpayer identification/social security number, and
- B) As Owner of this contract, I am not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

**Note:** Strike out the above statement only if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of underreporting interest or dividends on a tax return.

☐ I am a nonresident alien or foreign corporation. Please send me an IRS Form W-8 to complete and return.

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Taxpayer Identification Number/Social Security Number

Date MM/DD/YYYY

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**SIGNATURE LINE MUST BE SIGNED IN BLUE OR BLACK INK.**

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Signature of Owner (required)

Print Name of Servicing Representative

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Signature of Joint Owner, or spouse if required (N/A in NY, PA & NJ)

Signature of Beneficiary (required only if named irrevocably) or  
Signature of Assignee (if contract is assigned)

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***For questions call 1-800-852-4450 Option #10***