

### Principal Life Insurance Company Principal National Life Insurance Company Principal Securities, Inc.

P.O. Box 10431, Des Moines, IA 50306-0431 <u>www.principal.com</u> 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: <a href="mailto:IndLifeService@exchange.principal.com">IndLifeService@exchange.principal.com</a>

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 applica initialed by the Owner.	ble to each policy number listed. Any corrections must be crossed out and

1	Change of Name		Owner – If company Name Change, copy	of corporate mi	nutes is required	Beneficiary		
Fro	m		То					
Rea	ason for Change							
	Adoption (attach court order)	Correction	Court Order (attach court order)	Divorce	Marriage			
2 Correction of Age								
		Correct Date of B	irth Correct Age at Issue Date of Policy	,				
	Insured Spouse			Please Attach	n Evidence (i.e. Cop	by of Birth Certificate)		

3 Change Premium Frequency To:

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) \$

Annual

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