



Mailing Address:
P.O. Box 10431
Des Moines, IA 50306-0431

Principal Life Insurance Company
Beneficiary Change Form

For assistance, please call: 1.800.247.9988

The following beneficiary designation will be in force until revoked in writing.

Policy Information

Policy Number(s) On the Life of

Complete appropriate sections of 1 and 2 then sign the appropriate section of 3.

If your primary beneficiary is/are:

- An Individual Person(s) Complete section 1A
A Corporation Complete section 1A
A Trust Complete section 1B
Minor Children Complete sections 1A and 1C

If your beneficiary is for:

- A Spouse- or Child-Term Rider Complete section 1D

If your contingent (secondary) beneficiary is:

- An Individual Person(s) or A Corporation Complete section 2A
A Trust Complete section 2B

Designation Instructions

- If you list more than one beneficiary in your primary or contingent (secondary) designation, the proceeds will be paid equally or to the survivors or survivor, unless you indicate otherwise.
If you elect to fill out percentages, the total must equal 100% or the form will be returned to you.
If additional space is needed for the beneficiary designation, write "see attached" in the space provided below and attach a separate page with this form.

1A. Primary Beneficiary Designation

No change to current designation (check box)

Table with 4 columns: Beneficiary full name, Relationship, Share %, Last 4 digits of Social Security #. Rows 1, 2, 3.

Per Stirpes Designation: If any beneficiary dies before 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 their parent would have received if living; otherwise, the share of a beneficiary who dies before the Insured shall be paid equally to the surviving beneficiaries of the Insured. (check box if applicable).

1B. Testamentary and Personal Trusts

In order to receive proceeds, Trust must prove it is legally in existence at a time and in a manner that Principal requests.

Trustee of the Trust created in the Last Will and Testament of the Insured, OR

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

Trust Name established Date of Trust Agreement

**1C. Beneficiary Designation with UTMA "Uniform Transfers to Minors Act" Custodian**

If any beneficiary is a minor, proceeds shall be paid to: \_\_\_\_\_ as custodian for such "minor" beneficiary. Substitute custodian: \_\_\_\_\_

**1D. Spouse or Child Term Rider**

Proceeds on the death of the Insured spouse shall be paid to:

Beneficiary full name	Relationship	Last 4 digits of Social Security #

Proceeds on the death of an insured child shall be paid to:

Beneficiary full name	Relationship	Last 4 digits of Social Security #

In the event said primary beneficiary(ies) predecease me, I designate as a contingent beneficiary(ies):

**2A. A Person or Corporation**  **No change to current designation (check box)**

1. Beneficiary full name	Relationship	Share %	Last 4 digits of Social Security #
2. Beneficiary full name	Relationship	Share %	Last 4 digits of Social Security #

**2B. Testamentary and Personal Trusts**

In order to receive proceeds, Trust must prove it is legally in existence at a time and in a manner that Principal requests.

Trustee of the Trust created in the Last Will and Testament of the Insured, OR

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

\_\_\_\_\_ established \_\_\_\_\_  
Trust Name Date of Trust Agreement

**3A. Signature for policies owned by Individual(s)**

Signature of Owner	Email Address	Telephone	Date
		(    )	
Signature of Joint Owner	Email Address	Telephone	Date
		(    )	
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 <b>Massachusetts</b> )			Date

**3B. Signature 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
	Trustee	
Signature of Beneficiary (if named irrevocable)	Date	
Signature of Witness (required for life insurance policies issued in the State of <b>Massachusetts</b> )	Date	

**For more information:**  
Log on to our website at [www.principal.com](http://www.principal.com)