



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

Principal Life Insurance Company | Change of Settlement Option

Policy Information

The following designation will be in force until revoked with a new form.

Policy Number(s) _____ On the Life of _____

Benefit Settlement Instructions

This Change of Settlement Option does not constitute a Change of Ownership, Change of Beneficiary, or a Request to Change any family members insured under this policy.

- This request for change is subject to the Company's approval. If approved and recorded, the change will take effect as of the date of this request, subject to any payment made or action taken by the Company before such recording.
- If no box is marked, or if the contract identified at the top of this form is current yield annuity, or if the amount payable to a beneficiary is less than the Company's minimum then in effect for the selected option, one sum payment applies.
- Beneficiaries under either option shall have the right to elect another available option and, under the interest option, shall have withdrawal rights.
- Select **one** option only.

Principal Bank Checking Account (check box if applicable)

Amounts due under the policy will be placed in a Principal Bank checking account (does not apply to minors).

Interest Option (check box if applicable)

- Amounts* due under the policy will be placed as fixed income under a Principal Annuity contract**. If no option is marked, we will assume Annual interest.
- Annual
 - Semi-Annual
 - Quarterly

Fixed Option (check box if applicable)

- Amounts* due under the policy will be placed as fixed income under a Principal Annuity contract**. If no option is marked, we will determine during claim processing.
- Life Income
 - Fixed Period
 - Fixed Amount

Lump Sum (check box if applicable)

Amounts due under the policy will be paid in a lump sum.

Restricted Settlement Option

Settlement cannot be changed during claim processing and shall be paid: _____

* To the maximum extent permitted by law, proceeds held by the Company under either option shall be exempt from claims of any person's creditors, shall not be subject to encumbrance or legal process, and shall not be assignable nor used as collateral.

** Each beneficiary has withdrawal rights and the right to elect (choose) any other available benefit (settlement) option. If the amount payable to a beneficiary is less than the minimum amount then required for the selected option, payment will be made to that beneficiary in one sum.

Signature**For Individually Owned Policies:**

Signature of Owner	Email Address	Telephone ()	Date
Signature of Joint Owner	Email Address	Telephone ()	Date

For Corporate or Trust Owned Policies:

Name of Corporation or Trust

Signature of Officer(s)	Title of Officer(s)	Date
Signature of Trustee(s)	Title of Trustee(s) Trustee	Date

Other Signature Requirements:

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

Please mail form to:
Principal Life Insurance Company
P.O. Box 10431
Des Moines, IA 50306-0431

You are a valued customer, and we thank you for choosing Principal Life Insurance Company for your insurance needs.

For more information or assistance, please call:
1-800-247-9988
or
Log on to our website at www.principal.com

Agent Information (for agency use only)

Agency Number	Unit	Agent Name	Phone Number ()	Email Address
Attention		From		Date