



Mailing Address:
 P.O. Box 10431
 Des Moines, IA 50306-0431
 For assistance, please call: 1-800-247-9988

Principal Life Insurance Company | **Customer Service Request**

Principal Life Insurance Company hereinafter referred to as "Company"

Policy Number(s) _____ On the Life of _____

Place an "X" in the blocks for the service(s) desired. This form is not valid unless signed and dated.

1 Complete Policy Loan

Policy loans taken during the first 2 policy years on PrinFlex Life® may cause the policy to lapse.

Maximum Amount in Cash Include Loan Value of Dividends
 Amount of \$ _____ in Cash Do not include Loan Value of Dividends
 Amount of \$ _____ to Pay Premium due _____ This Policy or Policy No. _____
 Date MM/DD/YYYY

In consideration of a loan by the Company on the Policy Number(s) listed above, each of the undersigned hereby:

Assigns the Policy(s) to the Company subject to its loan provisions, which are incorporated and made a part hereof, as security for payment of the new total loan. Any existing loan will be included in and renewed by the new total loan and the Company is authorized to supply the amount and date below.

Agrees that the new total loan shall bear interest from the date of the loan at the annual rate(s) provided for in the Policy(s), plus any interest accrued on any prior loans, such interest to be due and payable as billed and to be added to the loan if not paid when due.

Warrants that no proceedings in bankruptcy or insolvency are pending against them, that said Policy(s), endorsement of which may be waived at the option of the Company, is not subject to the claim of any party not signing this request (except the Company) and acknowledges this lien to be prior and superior to all others.

2 Automatic Premium Loan Provision (not operative when premiums are payable monthly)

The Company is hereby requested and directed to place this request on file and thereafter to charge against the policy as a loan in accordance with the provisions of the policy, any premium now due (but not in default) and any subsequent premium not paid before the expiration of the grace period, provided the policy has sufficient loan value to pay the premium in full.

This request shall become effective upon its receipt and approval at the Home Office of the Company, provided: 1) No premium payment is in default on the date the request is received at the Home Office of the Company, and 2) The policy contains provisions for premium loans or automatic premium loans. Once effective, the request shall continue in effect until proper written notice that the request on file be terminated is received at the Home Office of the Company.

It is agreed that the Automatic Premium provision, if elected, shall not be operative while premiums are payable monthly, except in Maryland.

3 Change of Name Insured Annuitant Owner – If company Name Change, copy of corporate minutes is required.

From _____ To _____

Reason for Change (For court order, correction, or adoption, attach copy of court order.)

Marriage Divorce Court Order Correction Adoption

4 Correction of Age

Correct Date of Birth _____ Correct Age at Date of Policy _____

Insured Spouse Additional Evidence Attached Attach Policy if issued before 11-1-78

5 Change Premium Mode To: Annual Semiannual Quarterly

Monthly premium mode may not be available for all policies. Review the premium provisions of your policy for the payment frequencies available, or call 1-800-247-9988 to speak to a Customer Service Representative. If monthly mode is desired and the policy qualifies, indicate here.

6 Change Address and Phone To: Move Agency Records Retain Agency Records

Street _____ Phone Number _____
 _____ (____) _____
 City _____ State _____ ZIP _____

Remarks or Special Instructions



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7 Election of Dividend Option

Any unapplied dividend, and any future dividend credited, shall be applied in accordance with the dividend option elected below:

- Option 1** - Applied toward payment of premium due on the policy anniversary date. (Not available if premiums are being paid monthly).
 If or when the dividend exceeds the premium, any excess dividend is to be applied at **excess option** _____
Note: only options 2, 3, 4 and 6 are available as excess options.
- Reduce Unscheduled** (for Adjustable Life only) - Applied to reduce premium, any excess dividend is applied to the policy cash value.
- Option 2** - Used to purchase paid-up additional insurance (for whole life policies only).
- Option 3** - Applied to an interest-bearing account to accumulate at interest.
- Option 4** - Paid in cash to the policyowner.
- Option 4*** - Applied to an account with Princor Financial Services Corporation or to a Princor Cash Management account.
- Option 6** - Applied toward payment of policy loan indebtedness on this policy only.
 Check here if the dividend is to be applied to loan interest first, with the balance (if any) to the loan principal.
- Option 5** - Used to purchase One-Year Term Insurance Cash Value Benefits (for whole life policies only).
- Option 8** - Used to purchase One-Year Term Insurance Premium Benefits (for whole life policies only).
Note: Evidence of insurability is required when electing either Option 5 or Option 8. Election or cancellation of either Option should be requested using an Adjustment Application.
- Option 5 or 8** is already on file, change sub-option to _____

Other options for Adjustable Life policies only

- Option 9** - Policy Improvement - Applied to the policy cash value. Non-lifetime plans may be improved; face amounts on lifetime plans may be increased.
- Option A** - Additional Insurance - Used to increase the policy face amount.
- Option B** - Plan Enhancement - Applied to the policy cash value. Non-lifetime plans may be improved; lifetime plans may have a shorter premium payment period.

8 Dividends to be Surrendered

- Amount of \$ _____ to pay Premium due _____ on This policy and or Policy No. _____
- Amount of \$ _____ to pay: Loan Loan interest on This policy and or Policy No. _____
- Amount of \$ _____ in cash Other _____
- To Establish Dividend Payment Plan* if premiums are not paid to the policy anniversary, dividends will be surrendered to pay balance of premium anniversary.
- Dividend payment plan effective year _____

* On the current policy anniversary date, and each year thereafter, the Company is authorized to surrender available dividend accumulations or paid-up additions, sufficient to pay the annual premiums as they are due. The undersigned understands that dividend amounts are not guaranteed, and if insufficient, cash outlay will be required to pay premiums in the future.

Notice of Taxability, Withholding and Election

All or part of any distribution received from the above policy or contract may be includable in gross income for tax purposes. Federal income tax withholding will apply to the portion of the distribution that is includable unless you elect not to have withholding apply. You have the right to revoke this election at any time prior to the payment of a distribution, and your election remains effective until revoked.

The income tax laws of the Federal Government and certain states require that the Company report and automatically withhold on taxable income in excess of specified amounts, unless you elect otherwise by marking the box below. This election will also apply to any applicable state withholding, unless otherwise indicated.

If we do not have your correct Social Security or Employer Identification Number (including W-9 certification if required) withholding will be required despite any election that you make. If you elect that we not withhold, you are responsible for payments of the estimated tax, if any is due. You may have to pay a penalty under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

- I elect not to have tax withheld from any taxable portion of my payment. My Social Security or Employer Identification Number is: _____

Signatures

Use a separate form for each Policy unless all requests made are applicable to each policy number listed. Signature of Assignee (if any) is required. **Form must be signed in ink.**

X _____
 Signature of Owner(s) or Company Name if Corporate Owned

 Signature of Assignee (if Any) or Beneficiary if named Irrevocably

 Print Name

 Print Name of Assignee or Irrevocable Beneficiary

X _____
 Authorized Company Official (Signature and Title)

X _____
 City State

X _____
 Date MM/DD/YYYY