



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

Principal Life
Insurance Company

Statement and
Agreement
as to Lost
Policy/Contract

Agency Number Unit Agent Date MM/DD/YYYY
Attn From
Policy Number(s): On the Life of:

Principal Life Insurance Company hereinafter referred to as "Company"

The undersigned certify that the Policy/Contract No. listed above issued by the Company has been lost or destroyed and has not been in the possession or under the control of any of the undersigned since (MM/DD/YYYY); that the undersigned each have made diligent search for the Policy/Contract but have been unable to find it and believe its disappearance was due to (explain fully):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

That the Policy/Contract has not been assigned, transferred or pledged as security for any obligation or indebtedness and has not been awarded or involved in any divorce or bankruptcy proceedings except as follows (if none, so state):

\_\_\_\_\_
\_\_\_\_\_

and no interest in the Policy/Contract is now or has been claimed by any person, firm, or corporation other than the undersigned except as above stated; that this statement is made for the purpose of:

- Obtaining a Lost Policy/Contract Certificate to represent the Policy/Contract or for exercising rights, privileges or options in accordance with the terms of the Policy/Contract.
Filing claim as Beneficiary for Policy/Contract proceeds.

That in consideration of the issuance of such Certificate, the exercising of any such right, privileges or options, or the payment of Policy/Contract proceeds to the designated Beneficiary or Beneficiaries, the undersigned, for themselves, their heirs, representatives and assigns and any beneficiary or other person claiming any right or privileges under the Policy/Contract, hereby agree as follows:

- 1. That if the original Policy/Contract is found, it shall be returned promptly for verification or cancellation to the Company, and any Certificate issued to represent the Policy/Contract shall be surrendered.
2. That any Lost Policy/Contract Certificate issued is not intended to create any new or additional obligation but is to evidence the existence of the Policy/Contract.
3. That the undersigned will at all times indemnify, protect and save the Company harmless from all loss, double liability or expense, which may occur as a direct or indirect result of the loss of the original Policy/Contract and the issuance of such Certificate or the exercising of any such right, option or privilege or payment of any Policy/Contract proceeds.

Dated at X City/State on X MM/DD/YYYY

Witness Insured or Owner if other than insured
Witness Beneficiary (if named irrevocable or filing claim)
Witness Assignee or Creditor Beneficiary

In addition to the above signatures the signature of any other person having or claiming an interest in this Policy/Contract is required. The Company reserves the right to return this form for any additional signatures.