Principal Financial Group

Principal Life Insurance Company | **Princor Financial Services Corporation** | ***Authorization for Withdrawals and/or Electronic Fund Transfers by the Principal Financial Group®***

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

This Space for Agency and Home Office Use Only

Agency Number | Unit Number | Representative | Date MM/DD/YYYY

Attn | From

Instructions

1. Complete the section below – please print or type.
2. Sign and date this authorization form.
3. Be sure to attach an unsigned, Void Check so we may duplicate the magnetic coding.
4. Any initial insurance or annuity premium check should be payable to Principal Life Insurance Company. Your initial mutual fund check should be payable to Princor Financial Services Corporation. Current mutual fund shareholders should enclose the account identification form from your last statement. Please Note: if this form is used for both mutual fund and life insurance, there will be two separate withdrawals from the account.

Terms and Conditions

1. Withdrawals or electronic fund transfers for mutual fund purchase amounts and existing Principal Life Insurance Company insurance policy or annuity contract premiums will be made without regard to any insurance policy or annuity contract applications that may be pending with this company. When any insurance policies or annuity contracts are issued, the amount of the withdrawals or electronic fund transfers will be increased sufficiently to include the premium or the new policy contract.
2. Withdrawals or electronic fund transfers will be made on or around the day of the month that the earliest payment (any one mutual fund, policy or contract) is due, unless another date is requested below.
3. While premiums are paid under this plan, premium notices will not be mailed nor will the Automatic Premium Loan privilege be available. Any cancelled instruments will constitute receipts for payment of premiums. Transaction confirmations will be prepared and sent as required by law and regulation.

Type of Request (Please check where applicable)

☐ First Request ☐ Change of Institutions or Accounts ☐ Add to Present Plan No. _____

☐ Flex Draw Date to (Not available on certain Life products) _____

(Types of Account) ☐ Checking ☐ Savings

Authorization for Withdrawals and/or Electronic Fund Transfers

This authorization applies to the attached application (if any) dated | Date MM/DD/YYYY | and/or the following:

Account/Policy Contract Number

Monthly Amount (if applicable)

$ | $ | $ | $ | $

I authorize Principal Life Insurance Company and/or Princor Financial Services Corporation (hereafter referred to as "Companies" to debit my account as needed to pay premiums and/or purchase shares of mutual funds.

Name of Financial Institution | Phone ( )

Address | City | State | ZIP

Account Holder's Name | Transit and Routing No. | Account No.

Joint Account Holder's Name

I authorize the financial institution named above to honor withdrawals and/or electronic fund transfers by the Companies listed above. I understand if any withdrawals or electronic fund transfers are dishonored by you, whether with or without cause, that you shall be under no liability.

This authorization will remain in effect until cancelled either by myself, the Companies, or the financial institution named above. Notification of such cancellation must be given within 10 working days of the transaction by the party canceling the authorization.

X

Signature of Account Holder | City | State | Date MM/DD/YYYY