



**Principal Life Insurance Company**  
**Principal National Life Insurance Company**

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

[www.principal.com](http://www.principal.com)

Your policy indicates its issuer, which is the company responsible for the policy obligations and is referred to herein as the 'Company'.

**Individual Life Insurance Claim Form**

**Beneficiary Statement**

For Assistance: 800-331-2213

Fax: 866-894-2096

Email: [IndClaims@exchange.principal.com](mailto:IndClaims@exchange.principal.com)

See Important Information on page 3. If you have any questions, or need help completing this form, we are glad to assist. Our normal business hours are weekdays from 7:00 a.m. to 5:00 p.m. Central Time.

**Return completed form to:** P.O. Box 10431, Des Moines, IA 50306-0431 or  
 Overnight Mail Address: 711 High Street, IDPC-A1-N20, Des Moines IA 50392-4510

**Insured (Deceased) Information**

Deceased's Name (Please list all names Insured may have been known by, such as maiden name, nicknames, or aliases)

Date of Birth	Date of Death	Cause of Death

**Beneficiary Information**

Name of Beneficiary	Date of Birth (if an individual person)	US Citizen or Specify Citizenship

Street Address	City (Do not abbreviate)	State	ZIP	Daytime Phone Number
				(     )

Mailing address if different than above

Policy Numbers for which you are making a claim

**The Principal® requires the Beneficiary's Taxpayer Identification Number (TIN). If the Beneficiary is an individual person, please provide their Social Security Number. If the Beneficiary is an entity, please provide the entity's Taxpayer ID Number.**

**Request for Taxpayer Identification Number and Certification (Substitute Form W-9)**

If you are a U.S. person (U.S. citizen, resident alien or U.S. entity) complete the following certification.

If you are not a U.S. person, do not complete the following certification but instead submit a valid Form W-8BEN (foreign individual) or W-8BEN-E (foreign entity). If you are claiming treaty benefits, provide the required U.S. or foreign tax identifying number as noted in the instructions. Failure to submit a valid Form W-8BEN or W-8BEN-E or to provide a required tax identifying number will result in mandatory withholding of 30% of the taxable portion of the payment.

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Withholding, individuals and sole proprietors MUST provide their Social Security Number. Other entities (businesses or trusts) MUST provide their Employer Identification Number.

<b>Beneficiary</b>	<b>Trust, Estate, or Corporation</b>
<b>Social Security Number:</b> _____	<b>or Employer Tax ID Number:</b> _____

If you do not have a number or you have applied for a number, write "APPLIED FOR". The Company may begin Backup Withholding.

**CERTIFICATION – UNDER PENALTIES OF PERJURY, I CERTIFY THAT:**

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the instructions to Form W-9), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item 2 above, if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. See attached pages for other state specific fraud notices.

Print Name of Beneficiary	Signature of Beneficiary/Claimant	Relationship (ie Trustee, Executor, Spouse)	Date

1. **Deposit the proceeds directly into my checking account.** A pre-printed voided check is required and must contain the name of the Beneficiary. If account information does not match the Beneficiary information, or a pre-printed voided check is not attached, a check will be sent to the Beneficiary's address provided.

*Account Name must match the Beneficiary's name exactly.*

**ATTACH PRE-PRINTED  
VOIDED CHECK HERE  
(no deposit slips)**

2. **Send my check to the address I provided on page 1.**
3. **Send my check to the Principal Financial Group Sales Representative listed below:**

Name \_\_\_\_\_

Address \_\_\_\_\_

4. **Other Settlement Options** – (Only available if the Beneficiary is an individual person). An Election of Current Yield Benefit Option application (BB4342A) is required to be completed. If you have questions about these options, please call our toll-free number, 1-800-331-2213.

Life Income

10 Year Fixed Income

Interest Option *(This option is only available if stated in the original policy.)*

**Principal Financial Group has a broad array of products and services to meet your financial needs. For further information, contact your Principal Financial Group Sales Representative or visit [www.principal.com](http://www.principal.com).**

**Important information you may need when completing the Beneficiary Statement:**

1. If there is more than one beneficiary of the policy proceeds, a separate Beneficiary Statement must be completed, signed and submitted by each beneficiary.
  - You can make photocopies of the Beneficiary Statement (pages 1 and 2) to use for additional beneficiaries **or** you can contact us and we'll immediately provide additional Beneficiary Statements.
2. One (1) original, certified Death Certificate, unless otherwise stated in the instruction letter, must be submitted with the Beneficiary Statement(s). This Certificate will not be returned.
3. In addition to 1 and 2 above, the following chart explains other information that is required.
4. Failure to provide requested documents may delay settlement of claim.

<b>If the beneficiary is...</b>	<b>Additional information required...</b>
An individual person	No additional information required beyond 1 and 2 above unless an attorney-in-fact signs on behalf of the beneficiary. In this situation, we require of copy of the Power of Attorney.
Estate of the deceased	Court issued Letters of Appointment for the Administrator/Executor of the estate.
Minor child	Due to differing state regulations and ages of children, please contact us so we can discuss the additional requirements.
Surviving children	If the beneficiary designation states that some or all of the proceeds are payable to the "surviving children", the following is required: 1. A completed, signed and notarized* Surviving Children form (DD433). This form may be enclosed but if not, please contact us so we can immediately provide it to you. *This form must be completed by someone other than a surviving child and must be signed before a Notary Public.
Trust	If face amount is below \$500,000, a completed and signed Trust Certification form (DD9152). If face amount is \$500,000 or above, a copy of the entire Trust document plus any subsequent amendments.
Corporation	A completed, signed and notarized Corporate Secretary's Certificate and Indemnification form. If the form is not attached, please contact us so we can immediately provide it to you. Per the forms instructions please include the following documents. A copy of the board resolution listing the current corporate officers. *For claims \$500,000 and above, we need Certificate of Existence.
Assignee	There are two (2) types of assignments and their requirements differ: 1. If the claim proceeds have been assigned to a funeral home, please attach a copy of the funeral home's assignment and all related paperwork, including an itemized Statement and W-9 signed by the funeral home. * <u>Note</u> : Failure to provide requested documents may delay settlement of claim. 2. If the policy was assigned as collateral for a loan (collateral assignment), please provide the assignee's statement of indebtedness. Or if the assignment has been released, please attach a signed Release of Assignment form (DD75).
Death that occurred outside the U.S.	Contact us for additional requirements.

Please read the fraud notice which applies to you:

<b>ALABAMA RESIDENTS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
<b>ARIZONA RESIDENTS</b>	For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>ARKANSAS RESIDENTS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>CALIFORNIA RESIDENTS</b>	For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>COLORADO RESIDENTS</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts of information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts of information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>DISTRICT OF COLUMBIA RESIDENTS</b>	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>FLORIDA RESIDENTS</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>KENTUCKY RESIDENTS</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>LOUISIANA RESIDENTS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>MARYLAND RESIDENTS</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement of prison.
<b>NEW JERSEY RESIDENTS</b>	Any person who knowingly files a statement of a claim containing any false or misleading information is subject to criminal and civil penalties.
<b>NEW MEXICO RESIDENTS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>OHIO RESIDENTS</b>	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>OKLAHOMA RESIDENTS</b>	Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**State Specific Fraud Notices  
as Required by Law – (continued)**

<b>PENNSYLVANIA RESIDENTS</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>TENNESEE RESIDENTS</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>VIRGINIA RESIDENTS</b>	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.
<b>WASHINGTON RESIDENTS</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>ALL OTHER STATES</b>	Any person who, knowingly and with intent to defraud any insurance company or other person, submits a statement of claim or any application form containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime. Such actions may be considered felonies and subject to criminal and civil penalties, including imprisonment and fines.

**INSURANCE DEPARTMENT NOTICE OF AVAILABILITY:** We are required by law to provide the following state insurance department information. If you reside in one of these states and you are not satisfied with our claim handling, you may contact the appropriate department:

State	Department Name and Address
<b>California</b>	<p>In addition to Section 790.03 of the Insurance Code, Fair Claims Settlement Practices Regulations govern how insurance claims must be processed in this state. These regulations are available at the Department of Insurance Internet Web site, <a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a>. You may also obtain a copy of this law and these regulations free of charge from this insurer.</p> <p>California Department of Insurance            Claims Services Bureau, 11th Floor            300 Spring Street, Los Angeles, CA 90011            1-800-927-HELP (in-state)            213-897-8921 (out-of-state)  <a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a></p>
<b>Illinois</b>	<p>Illinois Department of Insurance            Consumer Division, 100 W. Randolph Street, Suite 15-100, Chicago, IL 60601, and in Springfield at 320 W. Washington Street, Springfield, IL 62767</p> <p>Illinois law requires interest to be paid if claim is not processed within 31 days from the latest of the following to occur:</p> <ol style="list-style-type: none"> <li>1) The date that due proof of death is received by the company;</li> <li>2) The date that the company receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; or</li> <li>3) The date that legal impediments to payment of the proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company; legal impediments to payment include, but are not limited to, (A) the establishment of guardianships and conservatorships, (B) the appointment and qualification of trustees, executors, and administrators, and (C) the submission of information required to satisfy State and federal reporting requirements.</li> </ol> <p>The rate may fluctuate, but the current rate is 10%.</p>
<b>Maryland</b>	<p>You and your insurer may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact the Maryland Insurance Administration.</p>
<b>Nebraska</b>	<p>Insurance Department, Terminal Bldg.            941 "O" Street, Suite 400            Lincoln, NE 68508            (402) 741-2201</p>
<b>New Hampshire</b>	<p>New Hampshire Insurance Department            21 South Fruit Street, Suite 14            Concord, NH 03302            1-800-852-3416</p>
<b>Rhode Island</b>	<p>State of Rhode Island Insurance Department            233 Richmond St.            Providence, RI 02902-4233</p>
<b>West Virginia</b>	<p>Office of the Insurance Commissioner            ATTN: Consumer Service Division            P.O. Box 50540            Charleston, West Virginia 25305-0540</p> <p>Phone number: Toll Free 1-888-TRY-WVIC (888-879-9842) (Consumer Services)</p> <p><a href="http://www.wvinsurance.gov">www.wvinsurance.gov</a></p>