



**Principal Life Insurance Company**  
**Principal National Life Insurance Company**  
 Members of Principal Financial Group®

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

**Payment Authorization  
 for Electronic Fund  
 Transfers**

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

**FOR LIFE NEW ISSUE POLICIES ONLY**

**NOTE: We are unable to draw funds if any of the required fields marked with an asterisk (\*) are left blank, incomplete, or if this form is not signed. Any Conditional Receipt coverage will be void. Refer to the Conditional Receipt (AA 3432) for terms and conditions.**

**\*Choose ONE of the following:**

- Initial Modal Premium Only (Quarterly, Semi-Annual or Annual)**  
 I authorize an immediate draft for the initial premium payment. Can also be used for Monthly Non-Recurring EFT.
- Initial Monthly Premium with Monthly Recurring EFT**  
 I authorize an immediate draft for the initial premium payment, and future recurring monthly EFT premiums, including any premium needed if policy is backdated. Premium notices will not be mailed.
- Initial Modal Premium (Quarterly, Semi-Annual or Annual), including Shortage of Premium**  
 I authorize an immediate draft for the initial premium payment. Any applicable premium shortage will be drawn when all delivery requirements are received. Can also be used for Monthly Non-Recurring EFT.
- Initial Monthly Premium, including Shortage of Premium with Monthly Recurring EFT**  
 I authorize an immediate draft for the initial premium payment. Any applicable premium shortage will be drawn when all delivery requirements are received. We will continue to draft for future recurring monthly EFT premiums, including any premium needed if policy is backdated. Premium notices will not be mailed.
- Monthly Recurring EFT Only**  
 I authorize recurring monthly EFT premiums, including any premium needed if policy is backdated. Premium notices will not be mailed.

**If Initial Modal/Premium and Monthly Recurring EFT are to be drafted from different accounts, complete a separate form for each.**

**\*Type of Account:**

- Checking** (see below)
- Savings** – (A statement or letter from the bank is required authorizing the draft from a savings account. The account and routing number must be referenced.)

Sample Check

Complete Your Bank Information Below, or Submit Voided Check

JOHN OR JANE DOE  
**A) ACH Routing Number**  
**B) Bank Routing Number** 0123 (Check No.)  
 Date \_\_\_\_\_  
 Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars  
 ACH R/T 012345678  
**C) Account Number**  
 Memo \_\_\_\_\_  
 : 012345678 : 0000012345678 : 0123 (Check No.)

**\*A) ACH Routing Number** (Only if listed on your check)

**\*B) Bank Routing Number** (This number is the first 9 numbers. Please do not include any alpha or special characters)

**\*C) Account Number** (Include all preceding zeros on your account number)

*Insured Name or Policy No.(s)			
*Amount	\$	\$	\$

I authorize the financial institution to honor withdrawals and/or electronic fund transfers by the Company listed above. The draft request to the financial institution must be honored on first presentment. I understand if the withdrawal requests are dishonored by the Company, whether with or without cause, that the Company shall be under no liability. This authorization will be in effect until cancelled either by myself, the Company or the financial institution. Any applicable refunds will be refunded back to the policy owner regardless of who the payee is.

**X** \_\_\_\_\_  
 Signature of Bank Account Holder Bank Account Holder's Name (Printed) Date (MM/DD/YYYY)

**X** \_\_\_\_\_  
 Signature of Joint Bank Account Holder Joint Bank Account Holder's Name (Printed) Date (MM/DD/YYYY)