



Principal Life
Insurance Company
801 Grand Ave.
ATTN: IDPC-8th Floor
Des Moines, IA 50392-1770

**PRINCIPAL GUARANTEED
FIXED ANNUITY**

1. Primary Owner Owner is a/an: Individual Corporation Trust Partnership Custodian/POA UTMA/UGMA
PLEASE PRINT

First Name Middle Initial Last Name

Street Address City State Zip

Date of Birth Sex Social Security or Tax ID # Telephone Number

Joint Owner
Not applicable for
qualified contracts

First Name Middle Initial Last Name

Date of Birth Sex Social Security or Tax ID # Telephone Number

2. Annuitant
Complete only if
different than owner

First Name Middle Initial Last Name

Street Address City State Zip

Date of Birth Sex Social Security or Tax ID # Telephone Number

3. Owner's Beneficiary
Do not complete for
Pension Trust

Primary Relationship to Owner

Primary OR Contingent Beneficiary Name Relationship to Owner

Primary OR Contingent Beneficiary Name Relationship to Owner

Attach separate sheet for
additional beneficiaries

4. Type of Contract Nonqualified Traditional IRA Roth IRA Pension Trust
Contribution Year: _____ Date of first contribution to any Roth IRA account: _____

5. Interest Rate Guaranteed Period 1 Yr* 3 Yr 5 Yr *minimum renewal interest rate for contract year 2

6. Premium Contribution Initial Premium Amount \$ _____ Make checks payable to Principal Life Insurance Company
\$5000 minimum
Original source of premium contribution:
 Transfer from Traditional IRA, Roth IRA, SIMPLE IRA*, or SEP IRA.
 Rollover from eligible qualified plan.
*SIMPLE IRA funds cannot be transferred to a Traditional IRA or converted to a Roth IRA for two years following the date of the initial SIMPLE contribution.

7. Replacement Do you have any pending or inforce life insurance coverage or annuity contracts? Yes No
Will this annuity replace or change any pending or inforce life insurance or annuity contracts? Yes No
If yes, please complete the name and contract number below.

Company Name Contract Number

8. Scheduled Partial Surrenders The accumulated value must be \$5000 to elect. Must be 30 days after the effective date of the contract. Not available on the 29th, 30th, or 31st day of any month.

Type of Scheduled Partial Surrender: Current Interest only (Payment on monthly anniversary) Required Minimum Distribution based on:
 All Interest (Back to last anniversary. Payment on monthly anniversary) My life expectancy only
 Specified Amount \$ _____ The joint life expectancy of my spouse and me. (Spouse more than 10 yrs. younger to elect)
 10% Surrender Free Amount (Payment on monthly anniversary) _____ Spouse's Date of Birth (MM/DD/YYYY) _____

Payments are to be made: Monthly Quarterly Semi-Annually Annually _____ Date of First Payment (MM/YYYY) _____

Tax Withholding: Yes No If neither box checked, taxes will be withheld.

Method of Payment: Check to Owner Check to Bank Electronic Funds Transfer
 Checking Account (Attach a void check) Savings Account

Bank Name & Phone Number	Transit Routing #	Account #
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9. Tax Certification, & Signatures I certify under penalty of perjury:

- The taxpayer identification number/social security number shown on this form is my correct taxpayer identification/social security number and;
- As Owner of this contract, I am not subject to backup withholding under the provisions of Section 3406(a)(C) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
- I am a U.S. Person (including a U.S. resident alien).

Note: 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. Refer to IRS Form W-9 for complete information regarding backup withholding and taxpayer identification numbers.

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.

Signed At	City	State	Date
_____	_____	_____	_____
Owner's Signature	_____	Print Owner's Name	_____
_____	_____	Print Joint Owner's Name	_____
Joint Owner's Signature	_____	_____	_____

10. Agent's Statement

Does the applicant have, or are you aware that the applicant has, any pending or inforce life insurance or annuity contracts? Yes No

Do you have any reason to believe this annuity will replace or change any pending or inforce annuity or life insurance contract? Yes No

If required, I have provided the customer with the appropriate Compensation Disclosure form.

I have reasonable grounds for believing that the recommendation for the consumer to purchase/exchange an annuity is suitable. This recommendation is based on the facts disclosed by the consumer as to his or her investments and other insurance products and his or her financial situation and needs. I have obtained a fixed annuity needs analysis form.

_____	Print Agent's Name & Phone No.	_____
Agent's Signature	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Florida License Identification No. Credit % Servicing?	_____
Principal Agent ID (or Detail Code)	_____	_____
_____	Print Agent's Name & Phone No.	_____
Agent's Signature	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Florida License Identification No. Credit % Servicing?	_____
Principal Agent ID (or Detail Code)	_____	_____

This application is a request for information and will not be included as part of your contract.



Mailing Address:
Des Moines, IA 50392-0001

Principal Life Insurance Company | Sales/Marketing Material Report

A number of states' replacement regulations require replacing insurers to review the sales/marketing material used in the sale and/or shown to the client to ascertain it is substantially complete and accurate for the proposed policy/contract.

For replacement sales, marketers must complete this form and provide copies of sales/marketing material used in the sale or shown to the client. This form and copies of the required sales/marketing material must be submitted with the application. Copies of all sales/marketing material shown to clients must also be left with clients.

A

Client/Owner Name _____ Proposed Policy/Contract # _____

B

Materials Provided by Principal Life: Identify and list all sales/marketing material (including illustrations) used which were obtained from the home office Supply Department and were not changed, customized or individualized in any way when used.

Michigan and New York only: Copies of all material must be attached to this form.

Form # or Other ID	Version # (eg: -6)	Title	Form # or Other ID	Version # (eg: -6)	Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: If using a prospectus for Principal Life variable life or variable annuity contracts, list the date of the prospectus and product name. You do not have to attach a copy of the prospectus.

C

Customized and Individualized Materials: These are all sales/marketing materials 1) locally developed or field created, 2) handwritten materials **and** 3) materials provided or obtained from The Principal System of Marketing or Supply Dept which were changed, modified, customized or individualized in any way. This includes pre-approved and unapproved materials, handwritten materials, and notes ("yellow pad") written during meetings with clients. If any material or any change was not pre-approved by home office, show N/A in approval number and date columns.

Copies of all this material must be attached to this form. See chart on Page 2.

8 Digit Home Office Approval #	Date Approved by Home Office if approved 9/98 & after	Title & Description	8 Digit Home Office Approval #	Date Approved by Home Office if approved 9/98 & after	Title & Description
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Use another form to list more if needed.

D

See reverse side of this form for additional requirements.

E

Marketer Statement: I certify 1) The above lists all sales/marketing materials used in this sale and/or shown to this client, 2) originals of all materials used in the sale have been left with the client, 3) I have reviewed existing contracts, policies, and alternatives to replacement with the client, 4) I have complied with requirements on the back of this form, and, 5) based on all of the information known to me, replacement does not appear inappropriate for this client.

Marketer Signature _____ Date _____ Statement Code _____ Printed/Typed Name of Marketer _____

PROVIDING COPIES OF SALES/MARKETING MATERIAL USED IN REPLACEMENT SALES

Provide To Clients

It is Principal Life policy that producers provide clients with copies of all sales/marketing material shown to them, whether or not replacement. Most states also require this per their replacement regulations.

Provide To Principal Life

A number of states' replacement regulations require replacing insurers to review the sales/marketing material used in the sale and/or shown to the client to ascertain it is substantially complete and accurate for the proposed policy/contract.

There will be delays processing replacement applications if, in these states, the completed and signed Sales/Marketing Material Report and copies of required material are not submitted. These states are:

Submit:			Submit:
1. Sales/Marketing Material Report 2. Copies of all Customized and Individualized Material (Section C)			1. Sales/Marketing Material Report 2. Copies of <u>all</u> material listed on the Sales/Marketing Material Report (Sections B and C)
Alabama	Louisiana	Ohio	Michigan
Arizona	Maine	Oklahoma	New York
Colorado	Maryland	Oregon	
Florida	Mississippi	Rhode Island	
Hawaii	Montana	Utah	
Indiana	New Hampshire	Vermont	
Iowa	New Jersey	Virginia	
Kansas	New Mexico	West Virginia	
Kentucky	North Carolina		

Materials Provided by Principal Life are those obtained from Principal Life's home office including the Supply Department and Principal Systems of Marketing, and are not written on, highlighted, changed or materially modified.

Customized and Individualized Materials are those which are:

1. locally developed
2. field created
3. purchased from an outside vendor
4. obtained from Principal Life's home office Supply Dept or Principal Systems of Marketing and are
 - highlighted
 - written on
 - materially modified

Materially modified means making any modification or change to material other than to insert the client's name and address into a document. It **is** a material modification to insert or state specific information or details for a proposed policy/contract or to make recommendations.

For definitions and other requirements regarding sales/marketing materials, refer to Principal Life Individual Department's advertising and replacement position, on eFP.

If questions about a particular modification or material, contact Product and Distribution Compliance at 515/247-6258.

This form can be used for each Consumer who is considering the purchase of a fixed annuity.

Below are factors for the agent and Consumer to consider when determining if the recommendation to purchase, sell, or exchange an annuity is suitable for the Consumer.

If you elect not to provide the requested information, please complete Section B. If Section B is completed, please be aware that the Insurance Company may still contact you for information or elect not to issue the annuity contract.

Section A – This section allows you, with the assistance of your agent, to determine if the annuity product you've requested meets your financial needs and objectives.

1. Personal Information

Owner Name (Please print)

SSN/TIN _____ Date of Birth _____
 Joint Owner Name (Please print) _____

SSN/TIN _____ Date of Birth _____
 Address _____
 City _____ State _____ ZIP _____

2. Employment

Is the Owner currently employed? Yes No If "Yes", what is the length of employment? _____
 Is the Joint Owner (if any) currently employed? Yes No If "Yes", what is the length of employment? _____

3. Account/Financial Profile (For Joint Accounts, information may be combined.)

SELECT ONE OPTION IN EACH AREA BELOW

Investment Objectives <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Growth <input type="checkbox"/> Tax Advantaged <input type="checkbox"/> Income <input type="checkbox"/> Income & Growth		Risk Tolerance <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Moderate		Investment Experience (years) <input type="checkbox"/> 0 - 5 <input type="checkbox"/> 11 or more <input type="checkbox"/> 6 - 10	
Estimated Annual Income <input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$250,000 - \$499,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$500,000 - \$1 million <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> over \$1 million <input type="checkbox"/> \$100,000 - \$249,999		Federal Tax Bracket <input type="checkbox"/> 0% <input type="checkbox"/> 28% <input type="checkbox"/> 10% <input type="checkbox"/> 33% <input type="checkbox"/> 15% <input type="checkbox"/> 35% <input type="checkbox"/> 25%		Net Worth (not including residence) <input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$250,000 - \$499,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$500,000 - \$1 million <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> over \$1 million <input type="checkbox"/> \$100,000 - \$249,999	

Do you have enough money to meet your current needs over the projected surrender period? Yes No
 How long do you plan to keep this contract? 1-3 years 4-5 years 6-7 years 7+ years

4. Existing Accounts

- For this purchase, are you considering the discontinuation of premium payments; surrendering, forfeiting, or assigning to the insurer; or otherwise terminating an existing life insurance policy or annuity contract? Yes No
- Are you considering using funds from existing life insurance policies or annuity contracts to contribute to the new contract? Yes No
- If you answered "Yes" to either Question 4(a) or 4(b), how long has the policy or contract been in force?
 1-3 years 4-6 years 7-9 years 10-12 years 13 years or more
- Is there a surrender charge associated with the existing contract? Yes No
 If "Yes", what is the surrender charge? _____ %
- Are you currently taking either a Required Minimum Distribution (RMD) or a 72(t)/(q) distribution? Yes No

5. Signature/Authorization

By signing below, I acknowledge that the fixed annuity product I am applying for is a long term contract with substantial penalties for early withdrawal, I have reviewed the product information with my agent, and I have determined that it meets my financial needs and objectives. My agent agrees to maintain and make available upon request to the insurer or insurance commissioner, records of the information collected and other information used as the basis for this insurance recommendation for at least 5 years after the insurer completes the recommended transaction.

Signature of Owner _____ Date _____

Signature of Joint Owner (if Any) _____ Date _____

Signature of Agent _____ Date _____

Section B – To be completed in lieu of Section A.

- I elect not to provide the information in Section A.
- I have decided to enter into this fixed annuity purchase without a recommendation from my agent.

Signature of Owner _____ Date _____

Signature of Joint Owner (if Any) _____ Date _____

Signature of Agent _____ Date _____

Agent Acknowledgement

Acknowledgement of Responsibility for Suitability Recommendation

I have reasonable grounds for believing that the recommendation for the consumer to purchase/exchange an annuity is suitable on the basis of the facts disclosed by the consumer as to his/her investments and other insurance products and his/her financial situation and needs. I have obtained the fixed annuity needs analysis form.

Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected and other information used as the basis for this insurance recommendation for at least 5 years after the insurer completes the recommended transaction. Any process that accurately reproduces the actual document may be used to maintain these records.

Agency Name (Please print) _____ Telephone Number _____

Agent Signature _____ Date _____

1. Financial Status (Review personal information, client account form, and any financial profile.)

- a. Is the client age 65 or older?
- b. Does the client's annuity investment(s) exceed 50% of net worth?

2. Tax Status (Review employment, client account form, any financial profile, and existing accounts.)

- a. Is the client's tax bracket between 15% and 30% - to take advantage of income tax deferral?
- b. Has the client already maximized tax-deferred contributions to a qualified retirement plan? The client is aware of the lack of additional tax benefit when purchasing an annuity in an IRA, 401(k) or other tax qualified account.
- c. Is the client aware that upon death the heirs do not receive a step-up in basis as other investments could? They also realize annuity earnings are subject to ordinary income tax for the heirs or themselves during life.
- d. Does the client want a person or organization to receive money upon the client's death? Has the client considered the benefits (including income tax-free death benefit proceeds) of a life insurance policy?
- e. Determine the effect of the projected annuity payments on the client's income tax status.

3. Investment Objectives (Review employment, client account form, any financial profile, and existing accounts.)

- a. What is the client's investment experience?
 - The client has owned an annuity or similar product before.
 - The amount to be invested in this annuity is typical of the average amount the client places in an investment.
 - The client understands the complexity of the product (including Market Value Adjustment (MVA) and any fees and expenses, such as administration, investment management, mortality and expense risk, surrender, and contract fees).
- b. Does the client need the annuity money before the surrender charge period ends or before age 59½?
- c. Does the client understand the 10% IRS penalty when taking a withdrawal under the age 59½?
- d. Does the client want or need a guaranteed income for life?
- e. Does the client want or need a guaranteed death benefit?
- f. Does the client prefer to make income tax-free transfers among professionally managed investment options or have the insurance company manage for fixed returns? Can this be done by using an existing account or investment?

4. Existing Accounts

- a. Does an existing account or investment achieve the client's objective?
- b. If this is a replacement, complete replacement forms and consider these questions:
 - Will the client pay a surrender charge for a replaced annuity, life insurance policy, or a contingent deferred sales charge on a mutual fund?
 - Does the current contract provide benefits that make this purchase unnecessary?
 - Has the client received and signed a written cost and benefit comparison, including any surrender charges, insurance feature, fees and expenses, MVA, and the impact on the death benefit if a partial withdrawal or surrender occurs?

5. Other Information Considered (Review all answers on suitability in light of other information referenced.)

6. General Comparison (Factors to consider in determining whether a fixed or variable annuity recommendation is suitable.)

Fixed Annuity	Variable Annuity
Do they want a fixed return?	Could they tolerate an investment loss, including loss of principal?
Insurance company manages for fixed returns.	Able to make tax free fund transfers between professionally managed investment subaccounts.
Account is potentially subject to claims of insurer's general creditors. Issuer financial strength risk.	Investment options protected from claims of insurer's general creditors.
Generally, a single premium.	Generally, flexibility of premium payments.
Limited investment experience.	Experienced investor.



Mailing Address:
Des Moines, IA 50392-0001

Principal Life
Insurance Company

*Disclosure of
Compensation Statement*

As a result of this sale, your Principal Life representative (or his/her firm) may receive compensation (cash or otherwise) that is based in part on factors such as total deposits, assets or premium volume and persistency or profitability of the business he/she sells. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. The representative may receive this compensation from the insurer and/or entities through which he/she places business.

Please contact your Principal Life representative if you have any questions about this compensation.

If you pay compensation directly to your Principal Life representative, he/she will provide you with a separate Disclosure of Compensation Information Form that provides additional information on the compensation he/she may receive.



Mailing Address:
Des Moines, IA 50392-0001
For Life: 1-800-247-9988; For Annuities: 1-800-852-4450

Principal Life Insurance Company | **Replacement Notice**

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure the decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes

No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

Owner's / Applicant's Signature

Marketer's / Agent's Signature

Date

Date

Marketer's / Agent's Name (Printed or Typed)

Marketer's / Agent's Address (Printed or Typed)

Marketer's / Agent's Company (Printed or Typed)

Information on policies which may be replaced:

Insurer / Other Company	Policy / Contract Number	Insured / Annuitant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print and Distribute: 1 to owner, 1 to Marketer, 1 to Principal Life

Contract Number _____

You are purchasing a Guaranteed Fixed Annuity from Principal Life Insurance Company. This annuity is designed to accumulate value and to provide retirement income that you cannot outlive or for any agreed upon time. Early withdrawal from an annuity may be subject to a surrender charge and may be subject to a 10% tax penalty on withdrawals prior to age 59½. The death benefit is calculated based on the value of the contract and no surrender charge applies.

Tax-qualified retirement arrangements, such as IRAs, SEPs and SIMPLE-IRAs, are tax deferred. You derive no additional benefit from the tax deferral feature of this annuity. Consequently, an annuity should be used to fund an IRA, or other tax-qualified retirement arrangement, to benefit from the annuity's features other than tax deferral. Those features include income you cannot outlive or for an agreed upon time, guaranteed minimum interest rates, and death benefits without surrender charges.

Not FDIC Insured	Not Guaranteed By The Bank	Not a Deposit	May Go Down In Value	Not Insured By Any Federal Government Agency
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Your Interest Rates

- _____ % Base Interest Rate for the Initial Premium
 _____ % Premium Credit in contract year 1 (**not available with 3 and 5-year guarantee periods**)
 _____ % Guaranteed Minimum Interest Rate (GMIR)

GMIR will be no less than 1% and no greater than 3%. GMIR corresponds with the interest rate credited, and will not change for the life of the contract.

If funds are received after the 60 days the credited rate will be that in effect on the date the funds are received.

If the money to fund this contract is not received with the application the crediting rate will be the greater of:

- The rate in effect when application signed (so long as the application is received within 14 days)
- The rate in effect when funds received (so long as within 60 days of application signature date)

Surrender Charge

You have a guaranteed return of principal. Amounts paid out as death benefits, amounts applied to provide benefit option payments, and amounts payable due to rider provisions (in states where available) are not subject to surrender charges. For other surrenders in excess of your free surrender privilege, the surrender charge is listed below. The table below applies to all guarantee periods.

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6+
7%	7%	7%	6%	5%	0%

Benefit Options

You may elect a benefit option to receive income. The income amounts may be guaranteed for your lifetime, the lifetime of two persons, or a fixed period of time. A minimum amount of income is guaranteed under the contract; the amount of income you receive may be greater than the amount guaranteed.

The company determines all interest rates at its sole discretion. Interest rates credited will change over time but are guaranteed not to be less than the guaranteed minimum interest rate stated in your contract.

Interest Rate Crediting for 1 Year Guaranteed Period

Your initial premium earns a base interest rate that is guaranteed for one year. Each additional premium receives the interest rate in effect on the date the premium is received. This rate is guaranteed until the next contract anniversary. If no other premiums are paid in the first contract year, the renewal rate for the second contract year is guaranteed to be no less than the initial base rate. If additional premium payments are made in the first contract year, the renewal rate for the second contract year will not be less than the dollar-weighted average of the first year base interest rates. Then, on the third anniversary and each following anniversary the existing account value will receive a renewal interest rate until the next anniversary.

Interest Rate Crediting for 3 Year and 5 Year Guaranteed Periods

If you make one premium payment only, the initial premium payment will earn the initial interest rate, guaranteed for 3 or 5 years. On each contract anniversary after the initial guaranteed period, we will set a renewal interest rate which is guaranteed until the next contract anniversary. If you make additional premium payments during the first contract year, each additional premium will earn interest at the rate in effect on the date we receive the premium until the first contract anniversary. On the first contract anniversary, the interest rate will be the dollar-weighted average of the first year base interest rates. This interest rate will then be guaranteed until the end of the initial guaranteed period (3 or 5 years). At the end of the initial guaranteed period and each contract anniversary after, we will set a renewal interest rate which is guaranteed until the next contract anniversary.

Replacements / Switching

The representative selling me this annuity has explained to me that discontinuing or changing my existing policy, mutual funds or annuity may involve disadvantages. I acknowledge that I have carefully examined a detailed comparison of existing benefits and proposed benefits before purchasing this contract.

Premium Credit Disclosure (not applicable to 3 and 5-year guarantee periods)

1. When a Premium Credit is applicable, a Premium Credit will be added to the contract's accumulated value on the date each premium payment is made. The Premium Credit percentage and duration is set at issue by the Company. The premium is specified on the contract data page or application and is determined by the amount of premium payment applied.
2. If this contract has a Premium Credit, your initial and renewal interest rates will be lower compared to the initial and renewal interest rates on a contract without the Premium Credit.
3. You may return the contract during the Examination Offer period. If You return the contract during the Examination Offer period, the amount of any Premium Credits previously applied will be subtracted from the amount to be returned to You.

This information is not intended to be a complete explanation of your annuity.

I acknowledge that I have read and understand this information.

Signature of Owner	City	State	Date MM/DD/YYYY
Signature of Joint Owner	City	State	Date MM/DD/YYYY
Signature of Representative	City	State	Date MM/DD/YYYY



Principal Life Insurance Company
Phone: 1-800-852-4450

Princor Financial Services Corporation | *Request to Transfer*

Other Company's Information

Company's Name _____

Company's Address _____

City _____ State _____ Zip _____

Company's Phone Number _____ Company's Fax Number _____
() ()

Company's Contract Number(s) for Owner _____

Owner's/Annuitant's Information

Name of Owner/Joint Owner _____

Name of Annuitant/Joint Annuitant _____

Owner's Address _____

City _____ State _____ Zip _____

Social Security Number _____ Daytime Phone Number _____
()

Principal's Contract Number(s) for Owner _____

Request for Transfer

I request that you transfer the following to Principal Life Insurance Company:

- Amount: Liquidate entire account balance Partial \$ _____
- When: Immediately Upon maturity of _____
MM/DD/YYYY
- Contract: Enclosed Lost or Destroyed

Other Company's Funding Product

Please select the funding product of the other company:

- Mutual Fund
- Annuity
- Other _____

Qualified or Non-Qualified Transfer (Complete only the appropriate side).

For qualified plan transfer:

- Traditional IRA
- Transfer from Traditional IRA, SIMPLE IRA*, or SEP IRA
- Transfer from eligible qualified plan (e.g., pension plan)
- Transfer from 403(b) plan
- Transfer from Governmental 457 plan
- Roth IRA
- Transfer from Roth IRA or Roth 401(k). Date Opened: _____
- Conversion from Traditional IRA, SIMPLE IRA*, or SEP IRA.
Required minimum distributions cannot be converted to a Roth IRA
- SIMPLE IRA
- Transfer from SIMPLE IRA
- SEP IRA
- Transfer from Traditional IRA, SIMPLE IRA*, or SEP IRA
- Transfer from eligible qualified plan (e.g., pension plan)
- Transfer from 403(b) plan
- Transfer from Governmental 457 plan

*SIMPLE IRA funds cannot be transferred to a Traditional IRA or converted to a Roth IRA for two years following the date of the initial SIMPLE contribution.

For non-qualified transfer:

- Transfer from Certificate of Deposit (CD)
- Transfer from Mutual Fund
- Transfer from a Life policy as a Section 1035 exchange
- Transfer from an Annuity contract as a Section 1035 exchange

I hereby assign and transfer all right, title and interest of every nature and character in the above contract(s) ("the Contract") to the Principal Life Insurance Company ("Assignee"). The purpose of this assignment is to effect a non-taxable exchange of contracts under Internal Revenue Code Section 1035 (IRC Sec. 1035).

The Contract is not subject to any assignment, pledge, collateral assignment or other lien. No proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and I am not under guardianship or any legal disability.

I understand that the Assignee will request a transfer of the original Contract, or a portion of it, from the Company that issued it and it is that Company's responsibility to pay the proceeds in a timely manner.

I understand that the proposed transfer may have important tax consequences. I also understand that the Assignee is furnished this Form and is participating in this transaction at my request. I understand that the assignee has no responsibility or liability for the validity of this assignment or the tax treatment of the proposed transfer.

Payment Information for Other Company's Use

Please note new addresses below.

Please make check payable (and mail the check) to:	If sending by USPS 1st Class Mail: Principal Financial Group FBO (Owner's Name/Contract Number) P.O. Box 9382 Des Moines, IA 50306-9382	If sending by overnight mail: Principal Financial Group FBO (Owner's Name/Contract Number) ATTN: IDPC/RIS Annuity Services 801 Grand Avenue, IDPC 8 th Floor Des Moines, IA 50392-1770
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Tax Withholding Election (Conversion to Roth IRA only)

I understand that the amount converted to a Roth IRA will be subject to a 10% income tax withholding requirement unless I elect not to have withholding apply. **Please check one.**

Note: If a withholding election is not selected, we will consider an election to have withholding apply.

I elect **not to have** federal or applicable state withheld from any taxable distribution(s).

I elect **to have** federal and applicable state withheld from any taxable distribution(s).

I understand that no election against withholding may be treated as valid unless I provide my Taxpayer Identification Number (TIN/Social Security Number, including any required certification on a Substitute Form W-9. Regardless of my withholding election, I am liable for payment of applicable taxes, which may include estimated tax if sufficient income tax is not withheld.

Owner's Signature and Tax Identification Number Certification

I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer or convert my funds as set forth in this form. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that if I establish a separate conduit account, it is my responsibility to keep my conduit account separate from my other accounts. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer or conversion decision. The custodian/trustee agrees to accept these funds as a transfer or conversion. I understand Principal Life Insurance Company will not credit transferred funds any earnings prior to the effective date of the replacing annuity contract.

I certify under penalties of perjury that:

- A) The taxpayer identification number/social security number shown on this form is my correct taxpayer identification/social security number, and
- B) I am not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Note: Strike out the above statement only if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of underreporting interest or dividends on a tax return.

I am a nonresident alien or foreign corporation. Please send me an IRS Form W-8 to complete and return.

Taxpayer Identification Number/Social Security Number

Owner's Signature

Date MM/DD/YYYY

Acceptance

Principal Life Insurance Company agrees to accept the transferred funds for deposit into an annuity under IRC Section 1035(a).

Authorized Signature	Title	Date MM/DD/YYYY	Phone Number
	Client Relations Officer		(800) 852-4450



Mailing Address:
Des Moines, IA 50392-0001
For Life: 1-800-247-9988; For Annuities: 1-800-852-4450

Principal Life
Insurance Company

Comparative
Information
Form

COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

Proposed Insurer / Other Company Information

Principal Life Insurance Company
801 Grand Avenue
ATTN: IDPC – 8th Floor
Des Moines, IA 50392-1770

Replacing Marketer's / Agent's Name

Applicant / Owner Information

Name	Telephone ()	Date of Birth	Age
Address (Street)	(City)	(State)	(Zip)

Policy / Contract Information

Policy Generic Name		
Policy No.	Date of Issue	Issue Age
Contestable Period Expires	Suicide Period Expires	Policy Loan Rate

Policy/Rider Description:

Policy/Rider Name	Initial/Continuing Benefit	(Age) Benefit		Initial/Renewal Annual Premium	(Age) Payable	
		From	To		From	To

Total Initial Annual Premium	Mode of Payment	Amount
\$		\$
Total Renewal Annual Premium		Amount
\$		\$

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED / ANNUITANT

Year Age	GUARANTEES				PROJECTIONS*			
	Annual Premium	Cumulative Premium	Cash Value	Death Benefit	Annual Premium	Cumulative Premium	Cash Value	Death Benefit
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
55								
60								
65								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

COMPARATIVE INFORMATION FORM FOR EXISTING INSURANCE

Existing Insurer / Other Company Information

(Existing Insurer)

(Insurer's Address)

Applicant / Owner Information

Name	Telephone ()	Date of Birth	Age
Address (Street)	(City)	(State)	(Zip)

Policy / Contract Information

Policy Generic Name

Policy No.	Date of Issue	Issue Age
Contestable Period Expires	Suicide Period Expires	Policy Loan Rate

Policy/Rider Description:

Policy Rider Name	Initial/Continuing Benefit	(Age) Benefit		Initial/Renewable Annual Premium	(Age) Payable	
		From	To		From	To

Total Initial Annual Premium	Mode of Payment	Amount
\$		\$
Total Renewal Annual Premium		Amount
\$		\$

COMPOSITE DISCLOSURE OF EXISTING INSURANCE FOR PRIMARY INSURED / ANNUITANT

Year Age	Guarantees				Projections*			
	Annual Premium	Cumulative Premium	Cash Value	Death Benefit	Annual Premium	Cumulative Premium	Cash Value	Death Benefit
Current								
2 nd								
3 rd								
4 th								
5 th								
6 th								
7 th								
8 th								
9 th								
10 th								
11 th								
12 th								
13 th								
14 th								
15 th								
16 th								
17 th								
18 th								
19 th								
20 th								
55								
60								
65								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, an alternative identification form such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected-by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.

Print and Distribute: 1 to owner, 1 to marketer, 1 to Principal Life

A replacement may not be in your best interest, or the decision to replace may be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract before making a decision to replace. The purpose of this document is to assist you and your representative in making that comparison.

	Existing Policies or Contracts Affected		Proposed Annuity Contract																														
	A	B																															
Company Name	_____	_____	_____																														
Contract No.	_____	_____	N/A																														
Issue Date	_____	_____	N/A																														
Product Name	_____	_____	_____																														
Type of Product	<input type="checkbox"/> Annuity <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Interest Rate (if fixed or VA with fixed account selected) <input type="checkbox"/> Current _____ % <input type="checkbox"/> Guarantee period: <input type="checkbox"/> Annual <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Min. Guarantee _____ % <input type="checkbox"/> Life Insurance <input type="checkbox"/> Whole <input type="checkbox"/> Variable <input type="checkbox"/> Universal <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Annuity <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Interest Rate (if fixed or VA with fixed account selected) <input type="checkbox"/> Current _____ % <input type="checkbox"/> Guarantee period: <input type="checkbox"/> Annual <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Min. Guarantee _____ % <input type="checkbox"/> Life Insurance <input type="checkbox"/> Whole <input type="checkbox"/> Variable <input type="checkbox"/> Universal <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Annuity <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Interest Rate (if fixed or VA with fixed account selected) <input type="checkbox"/> Current _____ % <input type="checkbox"/> Guarantee period: <input type="checkbox"/> Annual <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Min. Guarantee _____ %																														
Estimated Surrender Charges (for proposed contract indicate surrender charge schedule in percentages)	\$ _____	\$ _____	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>yrs</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>%</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10										yrs										%
1	2	3	4	5	6	7	8	9	10																								
									yrs																								
									%																								
Method of Determining Surrender Charges	Based on: <input type="checkbox"/> Contract Date <input type="checkbox"/> Premium Payment Date	Based on: <input type="checkbox"/> Contract Date <input type="checkbox"/> Premium Payment Date	Based on: <input type="checkbox"/> Contract Date <input type="checkbox"/> Premium Payment Date																														
Accumulated Value (for Existing Policies or Contracts), and Initial Purchase Payment (for Proposed Annuity Contract)	\$ _____	\$ _____	\$ _____ (not including any bonus payment) Bonus Product? <input type="checkbox"/> No <input type="checkbox"/> Yes Bonus _____ %																														

