



Principal Life
Insurance Company
ATTN: RIS Annuity Services T-10-W40
711 High Street
Des Moines, IA 50392-1770

**PRINCIPAL GUARANTEED
FIXED ANNUITY
APPLICATION**

1. Owner(s)

Primary Owner: Owner is a/an:

- Individual Corporation Trust Partnership Custodian/POA UTMA/UGMA

Full Name (First, Middle, Last) Trust Date (required for trust)

Street Address City State Zip

Date of Birth M F Social Security or Tax ID # Telephone Number

Joint Owner: Not applicable for Qualified contracts

Full Name (First, Middle, Last)

Date of Birth M F Social Security or Tax ID # Telephone Number

2. Annuitant(s)

Primary Annuitant: Complete only if different than owner

Full Name (First, Middle, Last)

Street Address City State Zip

Date of Birth M F Social Security or Tax ID # Telephone Number

Joint Annuitant: Not applicable for Qualified contracts

Full Name (First, Middle, Last)

Date of Birth M F Social Security or Tax ID # Telephone Number

3. Owner's Beneficiary

Must designate at least one primary beneficiary. Attach separate sheet for additional beneficiaries.

Primary	Contingent	Print Full Name	%	Relationship to Owner
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____

4. Interest Rate Guaranteed Period

- 1 year* 3 year 5 year

*minimum renewal interest rate for contract year 2

5. Type of Contract

Tax

Status: Nonqualified (NQ) Traditional IRA IRA Transfer IRA Rollover Roth IRA Pension Trust

If Qualified, Contribution Year: _____ If Roth IRA, date of first contribution to any Roth IRA: _____

Premium Details	Amount (\$5000 minimum)	Personal Check	NQ Transfer	Transfer from IRA	Rollover from Eligible Qualified Plan
Initial Premium: \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Premium: \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Premium: \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Make checks payable to Principal Life Insurance Company

6. Replacement Information to be Completed by Owner

Do you have any pending or inforce life insurance or annuity contracts? Yes No

If yes, will this annuity replace or change any pending or inforce life insurance or annuity contracts? Yes No

7. Replacement Information to be Completed by Marketer

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 life insurance or annuity contracts? Yes No

8. Scheduled Partial Surrenders

The first payment must begin at least 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:

Required Minimum Distribution based on:

Current Interest¹

My life expectancy only

10% Surrender Free Amount¹

The joint life expectancy of my spouse & me.

Specified Amount of:

(Spouse more than 10 yrs. younger to elect)

\$ _____ to start effective _____

Spouse's Date of Birth (MM/DD/YYYY) _____ Date of First Payment _____

¹The payment start date will be set based on the day of the month the contract is issued and the frequency selected.

Frequency: Monthly Quarterly Semi-Annually Annually

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

Method of Payment: Check to Owner Check to Bank Electronic Funds Transfer (complete section below)

Bank Name

Transit Routing #

Account #

Checking (Attach void check)

Savings

9. Compensation Disclosure

The Producer is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

10. Owner's Signature

Pursuant to Section 3 of the federal Defense of Marriage Act ("DOMA"), same-sex marriages currently are not recognized for purposes of federal law. Therefore, the favorable income-deferral options afforded by federal tax law to an opposite-sex spouse under Internal Revenue Code sections 72(s) and 401(a)(9) are currently NOT available to a same-sex spouse. Same-sex spouses who own or are considering the purchase of annuity products that provide benefits based upon status as a spouse should consult a tax advisor. To the extent that an annuity contract or certificate accords to spouses other rights or benefits that are not affected by DOMA, same-sex spouses remain entitled to such rights or benefits to the same extent as any annuity holder's spouse.

Signed At	City	State	Date
X	Contract Owner	X	Joint Owner
_____	_____	_____	_____
Owner's Signature		Joint Owner's Signature (if applicable)	
_____	_____	_____	_____
Print Owner's Name		Print Joint Owner's Name	

11. Marketer's Statement

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

I have reasonable grounds for believing that the recommendation for the applicant to purchase/exchange an annuity is suitable. This recommendation is based on the facts disclosed by the applicant 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.

Marketer Certification for Replacement Transaction: By my signature, I hereby certify that I have used only the company's approved sales material in connection with this sale and that copies of all sales materials and/or illustrations used were left with the applicant. I further certify that this replacement transaction follows the company's written replacement policy.

Marketer #1	Marketer #2
_____	_____
Marketer's Signature	Marketer's Signature
_____	_____
Print Marketer's Name (First & Last Required)	Print Marketer's Name (First & Last Required)
_____	_____
Principal Marketer ID (or Detail Code)	Principal Marketer ID (or Detail Code)
<u>NESTEGG BUILDERS Corp</u>	<u>NESTEGG BUILDERS Corp</u>
Agency Office/Bank Name	Agency Office/Bank Name
_____	_____
Phone Number	Email
_____	_____
Selling Split %	Servicing Split %
_____	_____



Mailing Address:
Des Moines, IA 50392-1770

Principal Life
Insurance Company

*Understanding Your Annuity-
Guaranteed Fixed Annuity
Used with Form SF812*

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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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.

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.

Interest Rates

Guaranteed Minimum Interest Rate (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 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)

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

Interest Rate Crediting for 1 Year Guaranteed Period

Your initial premium earns a base interest rate that is guaranteed for one year. If additional premiums are allowed, 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 allowed and 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.

Signature and Tax Identification Number/Social Security Number Certification

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) As Owner of this contract, 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.

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

I acknowledge that I have read and understand this information.

Owner's Social Security or Tax ID Number	Joint Owner's Social Security or Tax ID Number		
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

*Financial
Group*

Mailing Address:
Des Moines, IA 50392-0001

**Principal Life
Insurance Company**

**Suitability
Considerations**

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

Fixed Annuity
Needs Analysis

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.

1. Personal Information

Owner Name (Please print)		Contract Number
SSN/TIN	Date of Birth	
Joint Owner Name (Please print)		
SSN/TIN	Date of Birth	
Address		
City	State	ZIP

2. Employment

Are you 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. Financial Situation/Needs (For Joint Accounts, information may be combined.)

Investment/Financial Objectives	Risk Tolerance	Tax Status (Fed. Tax Bracket)	Annual Income
<input type="checkbox"/> Capital Preservation <input type="checkbox"/> Growth	<input type="checkbox"/> Low	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 35%	
<input type="checkbox"/> Income <input type="checkbox"/> Income & Growth	<input type="checkbox"/> Moderate	<input type="checkbox"/> 10% <input type="checkbox"/> 28%	
<input type="checkbox"/> Tax Advantage	<input type="checkbox"/> High	<input type="checkbox"/> 15% <input type="checkbox"/> 33%	

<p><u>Existing Assets (includes investment and life insurance holdings)</u></p> <p>Liquid Net Worth* (excludes primary residence) _____</p> <p>Total Net Worth* _____</p> <p>* Include the current investment</p>	<p>Investment/Financial Experience (years) _____</p> <p>Time Horizon – How many years do you plan to hold this investment? _____</p>
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Do you have enough money to meet your current liquidity needs over the projected surrender period? Yes No

The primary reasons for purchasing the new annuity are (be specific):

- Death Benefit Retirement Income Tax Deferral (for non-qualified only)
- Ability to use Flexible Withdrawal Option Other, please explain _____

In the 36 months prior to this transaction, have you exchanged a deferred annuity contract? Yes No

4. Complete the following table if an existing life insurance policy, annuity contract, mutual fund or registered security is being used to fund the new annuity.

Summary of Existing Product	
Date of Purchase/Issue Date	
Upfront Sales Load Incurred	\$
Approximate Guaranteed Death Benefit Value at Liquidation	\$
Surrender Charges or Backend Sales Charge Incurred	\$

If more room is needed due to multiple products being liquidated, please note the applicable information on a separate form.

Please provide reason(s) why the existing product cannot meet the applicant(s) objectives and the new product can:

If you are exchanging or replacing an annuity, list any living or contractual benefits (i.e. current interest rate, guaranteed minimum interest rate, guaranteed withdrawal benefits, etc.) that will be given up:

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 _____



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

Owner's Name _____

Joint Owner's Name _____

Annuitant's Name (Complete only if different than owner) _____

Joint Annuitant's Name (Complete only if different than owner) _____

Owner's Address _____

City _____ State _____ Zip _____

Social Security Number _____ Daytime Phone Number () _____

Principal's Contract Number(s) for Owner _____

Transfer Amount

Transfer Date

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

Amount: Liquidate entire account balance
 Approximate amount \$ _____

Partial Transfer
 Amount \$ _____

Immediately

Upon End of Surrender Charge Period:
 After _____ MM/DD/YYYY

Between _____ MM/DD/YYYY and _____ MM/DD/YYYY

Other Company's Funding Product

Please select the funding product of the other company:

- Mutual Fund
- Annuity
- Life Insurance
- Other _____

Contract:

- Enclosed
- Lost or Destroyed

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 Date Opened: _____
- Transfer from Roth 401(k) Date Opened: _____
- Non-deductible contributions Amount \$: _____
- 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 make check payable (and mail the check) to:	If sending by USPS 1st Class Mail:	If sending by overnight mail:
	Principal Financial Group FBO (Owner's Name/Contract Number) ATTN: RIS Annuity Services T-10-W40 P.O. Box 9382 Des Moines, IA 50306-9382	Principal Financial Group FBO (Owner's Name/Contract Number) ATTN: RIS Annuity Services T-10-W40 711 High Street Des Moines, IA 50392-1770

Payment Information for Companies of the Principal Financial Group

Please make check payable to Principal Life Insurance Co. and inter-office mail to: **RIS Annuity Services T-10-W40.**

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

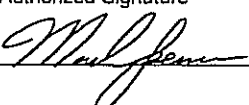
Date MM/DD/YYYY

Joint Owner's Signature

Date MM/DD/YYYY

Acceptance

Principal Life Insurance Company agrees to accept as an issuer on behalf of the above named Owner(s), the assets being transferred from the above referenced account(s). For transfers of tax-qualified funds, the new contract must meet the same Internal Revenue Code requirements as the existing contract or plan. On the above authorization and/or assignment, please liquidate the above assets.

Authorized Signature	Title	Date MM/DD/YYYY	Phone Number
	Assistant Director		(800) 852-4450

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:																																	
<ol style="list-style-type: none"> 1. Sales/Marketing Material Report 2. Copies of all Customized and Individualized Material (Section C) 	<ol style="list-style-type: none"> 1. Sales/Marketing Material Report 2. Copies of <u>all</u> material listed on the Sales/Marketing Material Report (Sections B and C) 																																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">Alabama</td><td style="width: 33%;">Maine</td><td style="width: 33%;">Oregon</td></tr> <tr><td>Alaska</td><td>Maryland</td><td>Rhode Island</td></tr> <tr><td>Arizona</td><td>Mississippi</td><td>South Carolina</td></tr> <tr><td>Colorado</td><td>Montana</td><td>Texas</td></tr> <tr><td>Florida</td><td>Nebraska</td><td>Utah</td></tr> <tr><td>Hawaii</td><td>New Hampshire</td><td>Vermont</td></tr> <tr><td>Indiana</td><td>New Jersey</td><td>Virginia</td></tr> <tr><td>Iowa</td><td>New Mexico</td><td>West Virginia</td></tr> <tr><td>Kansas</td><td>North Carolina</td><td>Wisconsin</td></tr> <tr><td>Kentucky</td><td>Ohio</td><td></td></tr> <tr><td>Louisiana</td><td>Oklahoma</td><td></td></tr> </table>	Alabama	Maine	Oregon	Alaska	Maryland	Rhode Island	Arizona	Mississippi	South Carolina	Colorado	Montana	Texas	Florida	Nebraska	Utah	Hawaii	New Hampshire	Vermont	Indiana	New Jersey	Virginia	Iowa	New Mexico	West Virginia	Kansas	North Carolina	Wisconsin	Kentucky	Ohio		Louisiana	Oklahoma		<p>Michigan</p> <p>New York * - Form # DD 2228-8</p>
Alabama	Maine	Oregon																																
Alaska	Maryland	Rhode Island																																
Arizona	Mississippi	South Carolina																																
Colorado	Montana	Texas																																
Florida	Nebraska	Utah																																
Hawaii	New Hampshire	Vermont																																
Indiana	New Jersey	Virginia																																
Iowa	New Mexico	West Virginia																																
Kansas	North Carolina	Wisconsin																																
Kentucky	Ohio																																	
Louisiana	Oklahoma																																	

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.



Mailing Address: Principal Life Insurance Company | Sales/Marketing Material Report
Des Moines, IA 50392-0001

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

Note: If the sale involves a variable life or variable annuity product, a prospectus was used in the sale.

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 _____



Mailing Address:
Des Moines, IA 50392-0001

Principal Life
Insurance Company

Disclosure of
Compensation Information

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.



Principal Life
 Insurance Company
 Mailing Address:
 Des Moines, IA 50392-0470

Preferred Product
 Network, Inc.

Compensation and Relationship
 Disclosure Statement

The member companies of the Principal Financial Group® (We, Us) offer many different financial products to our customers. These products may be issued by Principal Life Insurance Company (Principal Life) or by other insurance carriers through an affiliate of Principal Life, Preferred Product Network, Inc. Formerly Principal Product NetworkSM, Inc.

A financial professional associated with Principal Life, an agent, has a contractual obligation to sell sufficient Principal Life products to maintain his/her benefit package, which includes health insurance, stock incentives, pension, and other benefits. The financial professional may sell non-Principal Life insurance products primarily offered through Product Network, which offers products from other financial services companies. Each insurance product, whether it is a Principal Life or non-Principal Life product, may provide for different amounts of compensation (cash or non-cash) to the financial professional or his/her firm. His/her role, as a representative of an issuing insurer, is to assist you in purchasing a financial product.

How are financial professionals compensated for product sales?

Compensation can include sales commission, override compensation, expense allowances, referral fees, servicing fees, and other types of sales related compensation or reimbursements. Compensation (cash or non-cash) may be 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 financial professional may receive this compensation from the insurer and/or entities through which he/she places business.

Product Network also receives compensation for each product a financial professional sells through Product Network.

I acknowledge receipt of this Disclosure Statement. I have received, read and understand it, before making (or before others under my direction make) application for the product(s) under consideration. I understand that application for a product is my approval that the selling financial professional arrange the purchase of the product(s) from Principal Life or through Product Network and receive compensation for the sale.

Print Name of Customer	
Customer Signature	Date
Signature of Financial Professional	Date

(This form is intended for use by Principal agents selling non-securities products. If this sale involves a Principal non-securities product, this disclosure statement must be sent to the home office prior to issuance of a product. If this sale involves a Product Network non-securities product, financial professional should maintain a copy in the customer's file.)



Mailing Address:

P.O. Box 10431

Des Moines, IA 50306-0431

Principal Life
Insurance Company

New York

Definition of Replacement

For Life: 1-800-247-9988; For Annuities: 1-800-852-4450

APPENDIX 11

**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK
DEFINITION OF REPLACEMENT**

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS LIKELY TO BE:

1. LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?
 Yes No
2. CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?
 Yes No
3. CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?
 Yes No
4. REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?
 Yes No
5. ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?
 Yes No
6. CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?
 Yes No

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

DATE_____
SIGNATURE OF APPLICANT_____
DATE_____
SIGNATURE OF APPLICANT

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES NO

DATE_____
SIGNATURE OF AGENT OR BROKER