

INCOME ANNUITY APPLICATION

**Please submit the illustration page
with the application.**



Principal Life Insurance Company
Des Moines, IA 50392-1770



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

INCOME ANNUITY APPLICATION

Please submit the illustration page with the application.

1. Owner(s)

Primary Owner: Owner is a/an: Individual Trust Custodian/POA UTMA/UGMA

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

Street Address _____ City _____ State _____ Zip _____

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

Joint Owner: Not applicable for Qualified contracts

Full Name (First, Middle, Last) _____

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

Joint Annuitant: If joint life option is elected

Full Name (First, Middle, Last) _____

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

3. Type of Contract

Tax Status: Nonqualified (NQ) Rollover IRA IRA Transfer Retirement Plan

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

Premium Details	Amount (\$10,000 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

4. 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

5. 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

6. Annuity Income Payment Option

- Single Life Income With No Refund¹
- Single Life Income With Cash Refund
- Single Life Income With Installment Refund
- Single Life Income With Guaranteed Period: _____ Years²
- Joint and Survivor Life Income With No Refund¹
- Joint and Survivor Life Income With Cash Refund
- Joint and Survivor Life Income With Installment Refund
- Joint and Survivor Life Income With Guaranteed Period: _____ Years²
- Joint and Reducing (First Death) Survivor Life Income With No Refund: _____ %¹
- Joint and Reducing (Death of Annuitant) Survivor Life Income With No Refund: _____ %^{1,3}
- Joint and Reducing (First Death) Survivor Life Income With Guaranteed Period: _____ %³ _____ Years²
- Joint and Reducing (Death of Annuitant) Survivor Life Income With Guaranteed Period: _____ %³ _____ Years²
- Fixed Period Income: _____ Years _____ Months²
- Fixed Amount Income: \$ _____

¹ I understand this Option does not have a minimum guaranteed Annuity Income Payment period and the payments will only be paid during the lifetime of the Annuitant and (if any) Joint Annuitant. I understand no further payments will be due after the death of the Annuitant and (if any) Joint Annuitant regardless of when death may occur.

² The time period available is between 5 and 30 years.

³ The percentage to which Annuity Income Payment will reduce. The percentage available is between 1 and 99.

Optional Payment Increase Rider(s): (you may select only one optional rider) The election of any of the following riders will result in a lower Annuity Income Payment in the early years than if You had not elected a rider.

- Annual Increase Rider** (You may select only one. Once selected, the fixed annual increase percentage may not be changed.): 1% 2% 3% 4% 5%
This is the fixed percentage by which Annuity Income Payments will increase each year.
- Periodic Increase Rider** (You may select only one. Once selected, the fixed periodic increase percentage and frequency may not be changed.):
 - 2% increase to Annuity Income Payments every 2 years
 - 3% increase to Annuity Income Payments every 3 years
 - 4% increase to Annuity Income Payments every 4 years
 - 5% increase to Annuity Income Payments every 5 years
- Cost of Living Increase Rider**

The Annuity Income Payment may change annually, based upon the all-item Consumer Price Index for All Urban Consumers (CPI-U).

7. Owner's Beneficiary

Complete for all Annuity Income Payment Options on page 2, except for those with a notation of 1. 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"/>	_____	_____	_____

8. Payment Plan

Payment Frequency: Monthly Quarterly Semi-Annually Annually Effective Date: _____
(Frequency cannot change)

- Withholding Action:**
1. I elect not to have tax withheld from any portion of my Annuity Income Payment.
 2. I want my withholding from each payment to be figured using the number of allowances and marital status and/or an additional amount withheld from each periodic payment.
Number of allowances: _____ Additional Amount: \$ _____
Marital Status: Single Married Married, but withhold at higher "Single" rate
 3. I want a flat rate of _____ % or a flat amount of \$ _____ withheld from each periodic payment.
 4. State Withholding (if applicable) _____ % or a flat amount of \$ _____

Direction of payments: I elect to have Principal direct the payment of any Annuity Income Payment due under the (Applicable if Owner is _____ option elected on this application to _____ other than the Annuitant) This person is the "Designated Payee" under this contract. I reserve the right to revoke this Direction to Make Payment while the Annuitant and (if any) Joint Annuitant are alive. The direction to make payment shall be in effect until the Home Office of Principal is otherwise notified in writing. Principal is hereby discharged from all liability, whatsoever, for any payment made in accordance with this request.

8. Payment Plan (continued)

Method of Payment: Direct Deposit to Owner Direct Deposit to Annuitant Direct Deposit to Payee
(Choose 1) Checking Account (Attach a void check) Savings Account
 Check to Owner Check to Annuitant Check to Payee

Bank Name Transit Routing # Account #
Bank Address City St Zip Phone

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. Tax Certification & Owner's Signature

I certify under penalty of perjury:

1. The taxpayer identification number/social security number shown on this form is my correct taxpayer identification/social security number and;
2. 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.
3. 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.

I have paid \$ _____ with this application. All of the statements in this application are true and complete to the best of my knowledge and belief. I understand that they are the basis of any Annuity contract issued.

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

11 Marketer's Statement

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.

Producer 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

Print Marketer's Name

Principal Marketer ID (or Detail Code)

Principal Marketer ID (or Detail Code)

Nestegg Builders Corp

Nestegg Builders Corp

Agency Office/Bank Name

Agency Office/Bank Name

Phone Number

Selling Split %

Phone Number

Selling Split %

Email

Email

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.), or future guaranteed annuity payments that will be given up:

5. Signature/Authorization

By signing below, I acknowledge that the immediate annuity product I am applying for is a long term contract, 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

*Financial
Group*

Mailing Address:
Des Moines, IA 50392-0001

Principal Life
Insurance Company

SPIA Suitability
Considerations

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

- a. 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 aware of how the income payments will be affected by the death of the annuitant?
b. 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?
c. 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. Does the client have sufficient money to meet emergency expenses?
b. Does the client understand the 10% IRS penalty when receiving payments under the age of 59½?
c. Does the client want or need a guaranteed income for life?
d. Does the client want or need a guaranteed death benefit?

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?

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



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	Principal Financial Group
	FBO (Owner's Name/Contract Number)	FBO (Owner's Name/Contract Number)
	ATTN: RIS Annuity Services T-10-W40	ATTN: RIS Annuity Services T-10-W40
	P.O. Box 9382	711 High Street
	Des Moines, IA 50306-9382	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 - <i>John H DD 2228-8</i></p>
Alabama	Maine	Oregon																																
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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:
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 # (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:

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