



Principal Life Insurance Company®
P.O. Box 9394
Des Moines, IA 50306-9394

Beneficiary form

Contract/Plan ID Number: 5-16353

Location: _____

Retirement plan beneficiary designation without QPSA requirement

You may designate your beneficiary either online at principal.com or by completing the below form.

Follow these steps to name your beneficiary(ies): 1) Complete the Personal Information section. 2) Select one of the beneficiary choices (Choice A, Choice B or Choice C). See Page 3 for more detailed instructions and examples. 3) Name your beneficiary(ies) on Page 2. 4) Sign the form at the bottom of Page 2.

5) Return the beneficiary form to Principal Financial Group by fax: 1-866-704-3481, or by mail: Principal Financial Group, P.O. Box 9394, Des Moines, IA 50306-9394.

Note: Only use this form if the plan does not allow Life Annuities or is a Governmental 457 Plan

My personal information (please print with black ink)

Name			Phone number		Social Security number	
_____	_____	_____	_____	_____	_____	_____
Last	First	MI	-	-	-	-
Address				Email address		
_____	_____	_____	_____	_____	_____	_____
Street	City	State	Zip			

My beneficiary choices (pick one)

- Choice A: Single participant** (includes widowed, divorced or legally separated)
I am not married and designate the individual(s) named on Page 2 of this form to receive death benefits from the plan. I understand if I marry, this designation is void one year after my marriage (some plans specify a shorter period.)
- Choice B: Married with spouse as sole beneficiary** (spouse's signature is not required)
I am married and designate my spouse named on Page 2 of this form to receive all death benefits from the plan/contract.
- Choice C: Married with spouse not as sole primary beneficiary** [Spouse's signature REQUIRED - review the important information at the end of this form]
I am married and designate the individual(s) named on Page 2 of this form to receive death benefits in accordance with the plan provisions. **Note:** If you are married and do not name your spouse as the sole primary beneficiary, your spouse must sign the consent below. The signature must be witnessed by a plan representative or notary public.

Notice to Spouse: in signing, you are also verifying that you have read the important information and consent on the last page of this form.

- By checking this box,** I agree only to the beneficiary designation on this form. My spouse cannot change the beneficiary without my consent.

Spouse's Signature (must be witnessed by a plan representative or notary public)	Date
<u>X</u> _____	_____/_____/_____

The spouse appeared before me and signed the consent on:	Plan Representative or Notary Public Signature	Date
_____/_____/_____	<u>X</u> _____	_____/_____/_____

- (Check if applicable) I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located. **Note:** If your spouse cannot be located, check this box and have it witnessed by the plan representative. It must be established to the satisfaction of the plan representative that your spouse cannot be located.

I certify that spousal consent cannot be obtained because the spouse cannot be located.

Plan Representative Signature	Date
<u>X</u> _____	_____/_____/_____

Beneficiary form

Naming my beneficiary(ies)

Contract/Plan ID Number: 5-16353

Before completing, please read the instructions, examples and important information on this form.

You may name one or more primary and/or contingent beneficiaries. If you need more space to name beneficiaries or name a Trust, Testamentary Trust, or minor children (custodian for minors), please attach a separate list that you have signed and dated.

Note: Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

Name [primary beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____ / ____ / ____	_____	_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

Name [primary beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____ / ____ / ____	_____	_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

If primary beneficiary(ies) is not living, pay death benefits to:

In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

Name [contingent beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____ / ____ / ____	_____	_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

Name [contingent beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____ / ____ / ____	_____	_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

*Effective 1/1/20, limitations may apply. See "Required Distribution Rules for Designated Beneficiaries" later in this form.

Name change

Change my name from:	Change my name to:	Date
_____	_____	____ / ____ / ____

Reason: Married Divorce Other - provide reason: _____

My signature

This designation revokes all prior designations made under the retirement plan.

My signature (required)	Date
<u>X</u> _____	____ / ____ / ____

Under the penalties of perjury, I certify by my signature that all of the information on this beneficiary designation form is true, current and complete.