

## Principal Guaranteed Fixed Annuity Search for Forms Results

Required		
Form Number	Form Name	Description and Instructions
AA3427NY	Principal Guaranteed Fixed Annuity-New York - Rev 02/06	Use this Principal Guaranteed Fixed Annuity for the state of New York.
DD1575	New York Replacement Application Checklist	New York Reg 60 Replacement Checklist
DD1577	New York Annuity Disclosure Statement	(New York only) This form is used to request replacement of an annuity contract either internal or external to the Principal Financial Group.
DD1577A	Regulation 60 Annuity Disclosure Statement Definitions and Completion Instructio	This document contains the instructions for completing New York Disclosure Statement (DD1577).
DD1578	New York Important Notice	New York Reg 60 Important Notice Regarding Replacement
DD1579	New York Definition of Replacement	New York Regulation 60 Definition of Replacement
DD2228	Sales and Marketing Material Report	All marketers must complete this form with every application involving replacement in all states listed on page 2. Reference page 2 of the document for conditions which would require materials to be returned to the Home Office.
DD2575NY	Disclosure of Compensation Information	Contingent Compensation Disclosure
RF715	Request to Transfer	This form is used to request IRA or nonqualified monies to be transferred from an outside company to The Principal.
RF717	New York Client Authorization - Annuity and Life	For use in the state of New York, this form is required to request replacement of an annuity contract or life insurance policy either internal or external to the Principal Financial Group.

### General Instructions:



Principal Life  
Insurance Company  
801 Grand Ave.  
ATTN: IDPC-8<sup>th</sup> 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  M  F Sex Social Security or Tax ID # Telephone Number  
 ( )

**Joint Owner**  
 Not applicable for  
 qualified contracts

\_\_\_\_\_  
 First Name Middle Initial Last Name

\_\_\_\_\_  
 Date of Birth  M  F 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  M  F 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

Attach separate  
 sheet for additional  
 beneficiaries

Primary **OR**  Contingent Beneficiary Name Relationship to Owner

**4. Type of Contract**  Non Qualified  IRA Transfer  Rollover IRA  Roth IRA  Pension Trust  
 Contribution Year \_\_\_\_\_

**5. Premium Contribution** Initial Premium Amount \$ \_\_\_\_\_ Make checks payable to:  
 \$5000 minimum **Principal Life Insurance Company**

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

\_\_\_\_\_  
 Company Name Contract Number

**7. 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 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> day of any month.

**Type of Scheduled Partial Surrender:**

Current Interest only (Payment on monthly anniversary) Required Minimum Distribution based on:  
 My life expectancy only

All interest (Back to last anniversary. Payment on monthly anniversary)  Joint life expectancy (with spouse) (Spouse more than 10 yrs. younger to elect)

10% Surrender Free Amount (Payment on monthly anniversary)

Specified Amount \$ \_\_\_\_\_ Spouse's Date of Birth (MM/DD/YYYY)

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

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

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**Method of Payment:**  Check to Owner  Check to Bank  Electronic Funds Transfer

Checking Account (Attach a void check)

Savings Account

\_\_\_\_\_ Bank Name \_\_\_\_\_ Transit Routing # \_\_\_\_\_ Account #

( ) \_\_\_\_\_

Bank Phone Number

**8. Understanding Your Annuity, Tax Certification, & Signatures**

I have purchased a Fixed Deferred Annuity from Principal Life Insurance Company. Annuities allow tax-deferred build up of earnings. If you are buying this annuity to fund an IRA or other tax-qualified plan, the annuity provides no tax deferral benefit in addition to that provided by the tax-qualified plan. This annuity offers other advantages, such as the death benefit. The renewal interest rate will be determined by the Company at its sole discretion. We reserve the right to limit or prohibit the acceptance of any premium if the interest rate in effect on the date We receive any premium is equal to the Guaranteed Minimum Interest Rate. If this is a replacement, 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. There are surrender charges associated with the annuity contract I am purchasing and they have been explained to me.

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.

The rate (initial base interest rate and premium credit percentage, if any) credited to your initial premium is the greater of: 1) the rate in effect on the date you signed your application (your signature date), or 2) the rate in effect on the date your initial premium is received by us. To get the greater of these rates, your application must be received by us within 10 business days of your signature date, and the initial premium must be received by us within 60 calendar days of your signature date.



- 
- Complete the Definition of Replacement form (DD 1579).
    - Leave a copy with the client.
    - If **ALL** questions are answered **NO**, no other replacement forms are needed and the application can be completed with the client.
    - If **ANY** question is answered **YES**, **DO NOT OBTAIN ANY SIGNATURES NOR DATE ANY APPLICATION FORMS AND DO NOT OBTAIN MONEY.**
  
  - Obtain the client's signature on the Client Authorization letter (Life-DD 1580; Annuity to Annuity RF 717) if replacing another company's policy. Use Client Authorization letter RF 1058 if replacement will be part of the SPDA Exchange Program.
    - DD 1580 – Send the Client Authorization letter to the existing insurer(s) being replaced.
    - RF 717 – Send page 1 only to the existing insurer being replaced. (Do not send page 2 to the existing insurer, page 2 is for internal use only.) Send page 1 and 2 to the Annuity Services area if Reg 60 administrative support is requested. Do not complete for SPDA Exchange, use RF 1058.
    - RF 1058 – Send page 1 and 2 to Annuity Services area if Reg 60 administrative support is requested for SPDA Exchange.
  
  - Complete the Disclosure Statement (Life DD 1576; Annuity to Annuity DD 1577).
    - If replacing a Principal Life policy, complete the Disclosure Statement based on current policy values.
    - If replacing another insurer, use the information provided from the other company to complete the Disclosure Statement. If the information is **NOT** received within 25 days, complete the Disclosure Statement using good-faith approximations based on policy information available.
  
  - Review the completed Disclosure Statement with the client.
    - Have the client sign both the original and a copy. Leave the copy with the client.
  
  - Review the Important Notice Form (DD 1578) with the client.
    - Have the client sign two forms. Leave one with the client.
  
  - Complete/update the application and obtain appropriate signatures.
  
  - Complete the Sales/Marketing Material Report (DD 2228). List and provide copies of required materials and provide the appropriate signature on the Marketer Statement (Section E) of DD 2228.
  
  - Send copies of all sales material used in the presentation and the originals of all replacement forms to the home office with the application.

**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK  
DISCLOSURE STATEMENT  
(Annuity to Annuity Replacement Only)**

IMPORTANT - It may not be in your best interest to surrender, lapse, change or borrow from existing annuity contracts in connection with the purchase of a new annuity contract whether issued by the same or a different insurance company. You are urged to contact your existing agent, broker or insurance company prior to completing the transaction. They can help you decide whether the replacement is in your best interest.

FOR YOUR PROTECTION, the Insurance Department of the State of New York requires that you be given this Disclosure Statement, the IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

PART A

Name of Applicant(s) \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent or Broker \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

The Information On Existing Coverage On This Form Was Obtained From:

The following replaced company(ies): \_\_\_\_\_

Approximations if the following replaced company(ies) failed to provide information in the prescribed time: \_\_\_\_\_

**PART B**

**DESCRIPTION OF TRANSACTION:**

The Proposed Annuity Contract

Existing Annuity Contracts Affected

		(1)	(2)	(3)
1	_____ Company Name	_____	_____	_____
2	_____ Customer Service Phone No.	_____	_____	_____
3	XXXXXXX Annuity Contract No.	_____	_____	_____
4	_____ Type of Annuity	_____	_____	_____
5	XXXXXXX Annuity Issue Date	_____	_____	_____
6	_____ % Current Crediting Rate (If Applicable)	_____ %	_____ %	_____ %
7	_____ % Guaranteed Rate (If Applicable)	_____ %	_____ %	_____ %
8	\$ _____ Account Value	\$ _____ As of Date ( )	\$ _____ As of Date ( )	\$ _____ As of Date ( )
9	N/A Minus Surrender Charge (If Any)	\$ _____	\$ _____	\$ _____
10	N/A Plus/Minus Market Value Adjustment (If Any)	\$ _____	\$ _____	\$ _____
11	N/A Equals Surrender Value	\$ _____	\$ _____	\$ _____

Additional Information:	
IRS Plan Type (Check Box)	Product Name (Select One)
<input type="checkbox"/> Qualified or	<input type="checkbox"/> _____
<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> _____

**PART C**

**SUMMARY RESULT COMPARISON:\***

**THE PROPOSED ANNUITY**

**IF YOU CONTINUE YOUR EXISTING ANNUITY(IES)\*\***

1 Surrender Value to be Invested: \$ \_\_\_\_\_

2 Current Value: \$ \_\_\_\_\_

Hypothetical Rates of Return

Hypothetical Rates of Return

If Fixed Annuity

If Variable Annuity

If Fixed Annuity

If Variable Annuity

	At Guaranteed Rate	At Current Rate***	@ 0%	@ 6%	@ 12%		At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%
						<b>SURRENDER VALUE</b>					
3	\$	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	In 3 Years	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
6	\$	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$
						<b>DEATH BENEFIT</b>					
7	\$	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
8	\$	\$	\$	\$	\$	In 3 Years	\$	\$	\$	\$	\$
9	\$	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
10	\$	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$

\* Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.

\*\* If more than one policy is being replaced, the figures shown reflect the aggregate total of the values for policies currently in force on the dates shown in Part B.

\*\*\* Since the fixed rate declared is subject to change at any time, the rate actually declared in effect on the date of issue may differ from the current rate indicated above, and the return received on the investment may differ from our current rate.



PART D

AGENT/BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new annuity contract is (are):

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2. The existing annuity contract cannot meet the applicant's objectives because:

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3. The advantages of continuing the existing annuity contract without changes are:

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4. The surrender charge, if my client replaces his or her existing annuity contract, is \_\_\_\_\_ % or \$ \_\_\_\_\_.

5. The new annuity my client is applying for imposes a new surrender charge as follows:

(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed.)

Year:	1	2	3	4	5	6	7	_____	_____	_____	_____
	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Explain, if necessary: \_\_\_\_\_

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Remarks: \_\_\_\_\_

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PART D

AGENT/BROKER'S STATEMENT (CONTINUED):

The attached proposal, including sales material, was used in this sale.

No proposal or sales material was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the second page of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison of all existing annuity contracts to all proposed annuity contracts shall be completed. The proposal, including sales material used in the sale of the proposed annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: \_\_\_\_\_ Signature of Agent or Broker: \_\_\_\_\_

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new annuity contract.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

## **Regulation 60 Annuity Disclosure Statement Definitions and Completion Instructions**

### **Part A**

**Name of Applicant(s)** – Name of person(s) applying for coverage

**Telephone Number** – Home telephone number of applicant(s)

**Address(es)** – Address of applicant(s)

**Name of Agent or Broker** – Name of agent or broker writing new coverage

**Telephone Number** – Agent or Broker's business telephone number

**Agent's/Broker's Address** – Agency or Broker's business address, with Name of Agency, Broker or Company affiliation, if any.

**Source of information on Existing Coverage** – If any information on existing coverage was received from one or more replaced company(ies), mark "X" in "the following replaced company(ies)" box and list the names of the company(ies) which provided the information. If any approximations were used because requested information was not provided by one or more replaced company(ies), mark "X" in the "approximations" box and list the names of the replaced company(ies) which did not provide the information.

## Regulation 60 Annuity Disclosure Statement Definitions and Completion Instructions

### Part B – Description of Transaction

**Line 1: Company Name** – Names of insurance companies for proposed and existing contracts

**Line 2: Customer Service Phone Number** – Customer Service telephone numbers for proposed and existing contracts

**Line 3: Annuity Contract Number** – Blank for proposed contracts; contract numbers of existing contracts

**Line 4: Type of Annuity** – Type of deferred annuity, e.g., fixed only, variable only or combination fixed/variable, for proposed and existing contracts

**Line 5: Annuity Issue Date** – Blank for proposed contracts; issue date for existing contracts

**Line 6: Current Crediting Rate (If Applicable)** – Current crediting rates of proposed and existing fixed only annuity contracts

**Line 7: Guaranteed Rate (If Applicable)** – Minimum guaranteed crediting rates of proposed and existing fixed only annuity contracts

**Line 8: Account Value:**

**Proposed Contract(s)** – Sum total of the surrender values of the existing contracts shown on line 11

**Existing Contract(s)** – Current account value, before deduction of surrender charges, market value adjustments and other contractual deductions, as of date shown

**As of Date** – As of date values are shown for existing contract(s)

**Line 9: Surrender Charge (If Any)** – For existing contract(s), determine surrender charge as of date shown on line 8, including any applicable contractual charges, other than market value adjustments (MVA).

**Line 10: Market Value Adjustment (If Any)** – For existing contracts, determine MVA as of date shown on line 8. If surrender charge and MVA are not separately determinable, include the combined charges under the surrender charge category and note on the MVA line “included above.”

**Line 11: Surrender Value** – For existing contracts, determine surrender value by deducting the surrender charge and/or MVA from the account value.

**Additional Information (optional)** – Any additional information on proposed contract(s), such as IRS plan type, product trade name, etc., requested by the replacing insurer to identify the particular contract(s) being proposed

## Regulation 60 Annuity Disclosure Statement Definitions and Completion Instructions

### Part C – Summary Result Comparison

**General Instructions** – Assume no future deposits or withdrawals in determining illustrated values in this Part C. If more than one contract is being replaced and/or being proposed, determine the illustrated values in this Part C as the sum total of the values for the individual contracts on the dates shown in Part B.

**Line 1: Surrender Value to Be Invested for Proposed Annuity** – Determine the surrender value as the sum total of the surrender values of the existing contracts shown on line 11 of Part B.

**Line 2: Current Value of Existing Annuity(ies)** – Determine the current value as the sum total of the account values of the existing contracts shown on line 8 of Part B.

**Lines 3-6: Surrender Value of Fixed Annuity** – In the appropriate fixed annuity columns, determine the surrender value as the sum total of the cash surrender values of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration.

**At Guaranteed Rate** – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the minimum guaranteed crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” (line 2) in a similar manner. Deduct surrender charge and/or market value adjustment, as appropriate.

**At Current Rate** – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the current one year term crediting rate thereafter. For the existing fixed only annuity(ies) accumulate “Current Value” (line 2) in a similar manner. Deduct surrender charge and/or market value adjustment, as appropriate.

**Lines 3-6: Surrender Value of Variable Annuity** – In the appropriate variable annuity columns, determine the surrender value as the sum total of the cash surrender values of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration.

**At 0%, 6%, 12%** - For all fixed and/or variable investment division funds of a proposed combination fixed/variable or variable only annuity, accumulate “Surrender Value to be Invested” (line 1) at 0%, 6% and 12% annual investment rates. For all fixed and/or variable investment division funds of existing combination fixed/variable and variable only annuity(ies), accumulate “Current Value” (line 2) in a similar manner. Note that the annual investment rates are assumed to have already been reduced by management and other fund expenses and other contractual charges (other than surrender charge). Deduct surrender charge and/or market value adjustment, as appropriate.

## Regulation 60 Annuity Disclosure Statement Definitions and Completion Instructions

### Part C – Summary Result Comparison (continued)

**Lines 7-10: Death Benefit of Fixed Annuity** – In the appropriate fixed annuity columns, determine the death benefit as the sum total of the death benefits of each of the proposed and existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration. These values should reflect the effect of any minimum death benefit guarantees of the proposed and existing contracts.

**At Guaranteed Rate** – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the minimum guaranteed crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” (line 2) in a similar manner.

**At Current Rate** – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the current one year term crediting rate thereafter. For the existing fixed only annuity(ies) accumulate “Current Value” (line 2) in a similar manner.

**Lines 7-10: Death Benefit of Variable Annuity** – In the appropriate variable annuity columns, determine the death benefit as the sum total of the death benefits of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration. These values should reflect the effect of any minimum death benefit guarantees of the proposed and existing contracts.

**At 0%, 6%, 12%** - For all fixed and/or variable investment division funds of a proposed combination fixed/variable or variable only annuity, accumulate “Surrender Value to be Invested” (line 1) at 0%, 6% and 12% annual investment rates. For all fixed and/or variable investment division funds of existing combination fixed/variable and variable only annuity(ies), accumulate “Current Value” (line 2) in a similar manner. Note that the annual investment rates are assumed to have already been reduced by management and other fund expenses and other contractual charges (other than surrender charge).

\*The change in Part C Lines 3-6 (Surrender Value of Variable Annuity) and Lines 7-10 (Death Benefit of Variable Annuity), to state that management and other fund expenses should be reduced from annual investment rates, has been directed by the New York Insurance Department (NYID), in consultation with the Securities & Exchange Commission. This instructional change should be confirmed in writing by the NYID via Office of General Counsel opinion sometime in the near future.

## Regulation 60 Annuity Disclosure Statement Definitions and Completion Instructions

### Part D – Agent/Broker’s Statement

**Disclosure Question 1** – Enter the reason(s) for recommending the new annuity contracts.

**Disclosure Question 2** – Enter the reason(s) why the existing contracts cannot meet the applicant’s objectives (e.g., too expensive, not high enough crediting rates).

**Disclosure Question 3** – List the advantages of continuing the existing annuity contracts (e.g., no surrender charge).

**Disclosure Question 4** – List the percentages and/or amounts of surrender charge(s) of the existing contracts to be replaced. List the year-by-year surrender charges of the proposed contracts. Enter an explanation, if necessary.

**Remarks** – Enter any appropriate comments.

**Proposal Used** – Enter an “x” in the appropriate box indicating if proposal and/or sales material was used to make the sale.

**Agent or Broker Certification** – Agent or Broker signs and dates the form.

**Applicant’s Acknowledgment** – Applicant(s) sign and date the form.

**APPENDIX 10C**

**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK  
IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE  
POLICIES OR ANNUITY CONTRACTS**

**THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60**

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE TOGETHER WITH A SIGNED DISCLOSURE STATEMENT CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION.
2. ASK THE COMPANY OR AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION AND THE DISCLOSURE STATEMENT. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM. THEIR CUSTOMER SERVICE TELEPHONE NUMBER IS CONTAINED IN THE DISCLOSURE STATEMENT.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.



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5. There may have been changes in your health since the purchase of the existing coverage.
  6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS OF THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF THIS PART.

**IMPORTANT:** THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

**IMPORTANT:** IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.

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DATE

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SIGNATURE OF APPLICANT

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DATE

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SIGNATURE OF APPLICANT



Mailing Address: P.O. Box 10431  
 Des Moines, IA 50306-0431  
 For Life: 1-800-247-9988; For Annuities: 1-800-852-4450

**Principal Life Insurance Company** | **New York**  
*Definition of Replacement*

**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



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.

Table with 6 columns: 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.

Table with 6 columns: 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:

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

**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**

***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**  
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 1<sup>st</sup> 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<sup>th</sup> Floor  
Des Moines, IA 50392-1770

**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





**Section 5 - Variable deferred annuity only – Purchase Payment Allocation**

Use whole number percentages

AIM V.I. Capital Appreciation	_____ %	Diversified International	_____ %	LargeCap Blend	_____ %
AIM V.I. Core Equity	_____ %	Equity Growth	_____ %	LargeCap Growth Equity	_____ %
AIM V.I. Dynamics	_____ %	Equity Income	_____ %	LargeCap Stock Index	_____ %
AIM V.I. Global Health Care	_____ %	Fidelity VIP Equity-Income	_____ %	LargeCap Value	_____ %
AIM V.I. Small Company Growth	_____ %	Fidelity VIP Growth	_____ %	MidCap	_____ %
AIM V.I. Technology	_____ %	Fidelity VIP II Contrafund	_____ %	MidCap Growth	_____ %
American Century VP Income & Growth	_____ %	Fixed Account	_____ %	MidCap Value	_____ %
American Century VP Ultra	_____ %	Fixed DCA 6 Month*	_____ %	Money Market	_____ %
American Century VP Value	_____ %	Fixed DCA 12 Month*	_____ %	Real Estate Securities	_____ %
Asset Allocation	_____ %	Government & High Quality Bond	_____ %	Short Term Bond	_____ %
Balanced	_____ %	Growth	_____ %	SmallCap	_____ %
Bond	_____ %	International Emerging Markets	_____ %	SmallCap Growth	_____ %
Capital Value	_____ %	International SmallCap	_____ %	SmallCap Value	_____ %
DIP Founders Discovery	_____ %	Janus Aspen Mid Cap Growth	_____ %		

**TOTAL 100%**

**FVA only – Elective Contract Riders**

Annual Enhanced Death Benefit Rider

Purchase Payment Credit Rider

**Section 6 – Client Authorization**

**Other Company:** The policies/contract listed above may be replaced. The policy/contract owner authorizes the release of policy/contract information from your company to complete the enclosed Disclosure Statement. Please indicate on the Disclosure Statement the date you received this request, and return the completed Disclosure Statement to Principal Life (address below) within 20 days of receipt as required by New York Regulation 60.

Principal Life Insurance Company  
 801 Grand Avenue  
 ATTN: IDPC – 8<sup>th</sup> Floor  
 Des Moines, IA 50392-1770  
 Fax Attn: NB Reg. 60 Team  
 866-894-2093

Owner's / Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send in both pages.**