

The logo for Principal Financial Group, featuring the word "Principal" in a bold, white, sans-serif font with a registered trademark symbol (®) to its upper right. The text is set against a black background that is a right-angled triangle pointing downwards and to the right.

Principal[®]

***Financial
Group***

Group Life Claim & Settlement Information

Instructions to Beneficiary

(Use this form for both member and dependent claims.)

If you have any questions completing this claim form, call Principal Life Insurance Company at 1-800-245-1522.

(1) Complete Part II and Part III of the form.

The following information may help you.

More than one beneficiary – If more than one beneficiary is named, each beneficiary needs to complete a claim form.

Member's Estate as Beneficiary; Minor/Incompetent Beneficiary; Predeceased Beneficiary - If the life benefit is determined to be due and payable to any of these beneficiaries, there may be additional information required in order to release the benefit. A company representative will contact you to request information when appropriate.

Additional information - Principal Life reserves the right to require and obtain such statements, authorizations and other information as it deems necessary to determine what benefits are payable on any claim.

(2) Complete Part IV on the form.

Carefully review the payment methods available to you and elect the method most appropriate for your situation in Part III of the form.

NOTE - You will not qualify for the Interest Draft Account Option if you are a minor, a company, corporation, estate or trust, or if the proceeds payable to you are less than \$5,000.

(3) If Accidental Death benefits are being claimed, the following information may be needed. Please provide any of these documents you may already have:

- Incident Report
- Autopsy/toxicology reports
- Newspaper clippings
- Investigating police department and contact name and phone number
- If Member's death occurs more than 100 miles from permanent place of residence and costs are incurred for preparation and transportation of the body, please enclose a copy of the associated expenses.
- The policy may provide additional Accidental death benefits if the Member has "Qualified Students." A "Qualified Student" is a Dependent Child who is, at the time of death, a Full-Time Student at an accredited post-secondary school or a 12th grade student if he/she enrolls in an accredited post-secondary school within 12 months of death. If there is a "Qualified Student," please call the 800 number listed above to determine if additional benefits are applicable and to obtain the necessary form to apply for this benefit. (This benefit not approved in some states.)

(4) Attach a certified copy of the deceased member's (dependent's) death certificate. If the death occurred outside the United States, attach a copy of document entitled "Death of an American Citizen" from the U.S. Embassy.

(5) Return the completed form and death certificate to the group planholder.

Instructions to Group Planholder

(1) Complete Part I of this form accurately and completely to avoid any delays in payment of the benefits.

NOTE - If more than one beneficiary is named, you must provide a form to each beneficiary for completion of Part II and Part III of the form. You need not complete Part I on all the forms. If possible, please submit all claim forms at the same time.

(2) Return the completed form(s) and any other information you may have, such as:

(a) enrollment forms, (b) change of beneficiary forms, (c) assignments, (d) settlement instructions to:

Principal Life Insurance Company
Attn: Group Claim - Life and Disability
Des Moines, Iowa 50392-0002



Administered by
Principal Life Insurance Company
 Des Moines, Iowa 50392-0002
 Toll free Nationwide 1-800-245-1522
 Toll free fax 1-800-255-6609

Life Claim Information

GROUP PLANHOLDER: please return to Principal Life Insurance Company

Part I: Information about the Group Planholder

| | | | |
|--|--|---------------------------------------|---------------------------------------|
| Member's name (Please list all names member may have been known by such as maiden name, nickname or alias) | | Member's I.D. | |
| If dependent death, name | | Relationship to member | |
| Member's job title | Member's classification in policy | Salary \$ | Effective date of salary |
| Effective date of member's coverage | Date member began employment | Number of hours worked per week | Date member was last actively at work |
| Reason member ceased active work: death retired illness or injury terminated other (explain) _____ | | | |
| Were premiums paid through date of death? yes no | | | |
| If dependent claim, was member working at the time of death? yes no If no, what was the date last worked? _____ | | | |
| If dependent, is member still working? yes no | | | |
| Did the member name more than one beneficiary? yes no If yes, are all claim forms attached? yes no | | | |
| Amount of benefit claimed \$ | Accidental death benefit claimed? yes no | Amount of accidental death benefit \$ | |
| Employer name | Policy number | Unit/Division number | |
| Signature of planholder | Title | Date | |
| If we have questions, your phone number is () | Fax number () | | |

Part II: Information about the Deceased

| | | | |
|--|---------------|------------------------|----------------|
| Deceased's name | | | |
| Address - street | | City | State ZIP |
| Date of birth | Date of death | Social Security number | |
| Are you making claim to any accidental death benefit provided by the policy? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please send us any newspaper articles, accident reports, or other documentation that would provide us with information about the death. | | | |
| Was member (dependent) insured under any other policies with other companies? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give name of company and amount of insurance: _____ | | | |
| Did member (dependent) have other coverage with Principal Life? <input type="checkbox"/> GUL <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Pension | | | |

Part III: Information about the Beneficiary

| | | |
|---|-----------------------------------|--------------------------|
| Your name (beneficiary) | | Date of birth |
| Your address - street | | City State ZIP |
| Your phone number - home () | Your phone number - work () | |
| You are making claim to: <input type="checkbox"/> all of the proceeds on the deceased's claim. <input type="checkbox"/> only the portion due me as one of the beneficiaries of the member. | | |
| Your relationship to member: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other (explain) _____ | | |

Part IV: Settlement Information

I wish my benefits to be paid by:


- Interest Draft Account** - This account is like a checking account which earns interest. You can write personal drafts in the amount of \$500 or more. Your money earns interest until your draft clears and is fully guaranteed by Principal Life. You name a beneficiary to any benefits remaining in the account in the event of your death. You also have the right to transfer funds to other options or purchase other products available from Principal Financial Group. You will receive shortly a packet of information regarding the Interest Draft Account. Included in this packet will be a Beneficiary Designation Form.
- Please send me additional information about other options available to me from Principal Financial Group.**
- Lump Sum Payment**

Request for Taxpayer's Social Security Number or Tax Identification and Certification.

If the social security number or tax identification number of the beneficiary is not supplied, the beneficiary may be subject to federal and state tax withholding. I have provided the appropriate social security or tax identification number below:

- The benefits are being claimed by me as a beneficiary and my social security number is _____
- The benefits are being claimed by the legal guardian of a minor/incompetent person's estate.
The minor/incompetent person's social security number is _____
- The benefits are being claimed by a trustee of a trust or a personal representative of an estate.
The tax identification number for the trust or estate is _____

The information provided by me on this claim form is true and complete to the best of my knowledge. Under penalty of perjury I certify that the social security number or tax identification number supplied on this form is true, correct, and complete.

Date _____ Signature of beneficiary (Please make sure you sign form as your name appears on your social security card.)


CERTIFICATION OF FOREIGN STATUS (For Foreign Entities Only)

Under penalties of perjury, I certify that for interest payments, I am not a U.S. citizen or resident (or I am filing for a foreign corporation, partnership, estate, or trust).

U.S. Taxpayer identification number (if any) _____ Country of citizenship _____
 SSN ITIN EIN
 Permanent address _____

Date _____ Signature _____


Notice Requirements

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Virginia: Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.