Principal®

Principal Life Insurance Company
Principal National Life Insurance Company
Members of Principal Financial Group®

P.O. Box 10431
Des Moines, IA 50306-0431

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

Preliminary Information for Completing a Life Drop Ticket Application

This form is intended for the advisor to complete when meeting with a client before providing it to the field office contact to submit the electronic Drop Ticket. It does not need to be returned to Principal. For advisor/field office contact use only.

*Required

Proposed Insured (This process is not available for the state of NY)

First Name* | Middle Name | Last Name*

Date of Birth (MM/DD/YYYY)* | Gender*

☐ Male ☐ Female

Street Address*

City* | State* | Zip*

Email Address*

Phone Number*

( )

Is the Proposed Insured the Owner?*

☐ Yes ☐ No (if No, provide Owner information below)

Does the Proposed Insured have existing insurance?*

☐ Yes ☐ No

Does the Proposed Insured plan to replace any of their existing contracts?*

☐ Yes ☐ No (if Yes, list at least one policy)

Company*	Amount*	Replacing?
		☐ Yes
		☐ Yes

Owner ☐ Individual ☐ Other

First Name (if individual) or Business Name* | Middle Name (if individual) | Last Name (if individual)*

Relationship*

Email Address*

If Business or Trust, Name of Officer and/or Trustee and Title of Officer*

Does the Owner have existing insurance?*

☐ Yes ☐ No (if Yes, list at least one policy)

Company*	Amount*	Replacing?
		☐ Yes
		☐ Yes

Does the Owner plan to replace any of their existing contracts?*

☐ Yes ☐ No (if Yes, list at least one policy)

Company*	Amount*	Replacing?
		☐ Yes
		☐ Yes

(Continue to next page)

*Required

Coverage

State Written*

Product*

☐ 10-year Term ☐ 15-year Term ☐ 20-year Term ☐ 30-year Term

Amount of Insurance*

Premium*

Billing Frequency*

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Underwriting Class*

☐ Super Preferred ☐ Preferred ☐ Super Standard ☐ Standard

Rating

Tobacco use?*

☐ Tobacco ☐ Nontobacco

Riders

☐ Accelerated Benefit Rider ☐ Child Term Rider ☐ Conversion Extension Rider ☐ Waiver of Premium Rider

Are you requesting the Accelerated Underwriting Program?

☐ Yes ☐ No

Primary Beneficiary

Name*	Relationship*	%*

Contingent Beneficiary

Name*	Relationship*	%*

Submitting Office

Contact Name (the person we will keep updated on the status)*

Contact Phone Number

Contact Email Address*