



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

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

Policyowner
Tax Verification

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

To comply with United States laws and regulations, the Company is required to obtain the following information for EACH Owner connected to a policy. Complete additional form(s) if needed. Submit all form(s) to the Company's Home Office for processing.

Policy Number(s): _____

OWNERSHIP INFORMATION

Owner Name	Are you a U.S. Person or U.S. Entity*?	Taxpayer Identification Number
#1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
#2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
#3	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*A U.S. Person is a U.S. Citizen or a U.S. Resident Alien. A U.S. Entity is an entity organized in the U.S.

- If you are an INDIVIDUAL, but not a U.S. Citizen or Resident Alien, **STOP HERE** and submit a **W-8**.
- If you are an ENTITY, but not organized in the U.S., **STOP HERE** and submit a **W-8BEN-E**.

OWNER TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, or Exemption Payee code (if any): _____
 I have been notified by the IRS that I am currently subject to backup withholding. **NOTE:** You must check this box if you have been notified by the IRS that you are currently subject to backup withholding.
3. I am a U.S. citizen or other U.S. person (as defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any): _____

Instructions for completing this form may be found at www.irs.gov/pub/irs-pdf/iw9.pdf.

SIGNATURES

X	_____	_____
	Signature of Owner #1	Date MM/DD/YYYY
X	_____	_____
	Signature of Owner #2 (if applicable)	Date MM/DD/YYYY
X	_____	_____
	Signature of Owner #3 (if applicable)	Date MM/DD/YYYY