

Mailing address:

Principal Life Des Moines, IA 50392-0002 Insurance Company

EFT (Electronic Fund Transfer) Authorization for Individual

161

Please provide the following information for the purpose of electronically transferring funds from your bank/financial institution for premium payment.

Member Information

| Yo | ur N | ame | e: (li | n Bl | _00 | CK le | ettei | s. L | eav | e o | ne s | spac | e bl | ank | bet | wee | en tl | he fi | rst a | and | last | na | mes | s.) | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 'our Principal Account Number: (Leave one space blank between multiple account numbers if using EFT for multiple account numbers.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exa | Example of Principal Account Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 0 0 9 0 3 2 - 9 9 4 1 2 0 4 8 8 1 0 2 5 2 4 8 - 2 4 7 0 2 2 3 8 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bank/Financial Institution Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Nar | Name of Bank/Financial Institution: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|----------------------------------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--|------|------|-----|--|-----|------|----|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rou | Routing Transit Number: Bank Account Number: | | | | | | | | | | | Type of Bank Account: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |] Ch | neck | ing | |] S | avin | gs | |
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Authorization Agreement

I hereby request that monthly premiums for my coverage be paid to Principal Life Insurance Company and hereby authorize Principal Life Insurance Company to initiate debit entries to the account at the bank/financial institution named above. I authorize Principal Life Insurance Company, if necessary, to make adjustments to correct entries made in error. I hereby authorize the above named bank/financial institution to debit entries to my account.

This authorization is subject to the following conditions:

- Such debit entries shall be initiated one business day prior to the billing due date.
- Confirmation of EFT withdrawals will not be mailed. Entries on my bank/financial institution statements will constitute receipts for payment of premium.
- If for any reason the EFT withdrawal is returned by the bank/financial institution listed above, my coverage will cancel on the last day of which premium has been paid if guaranteed funds are not received within the required time.
- I will be responsible for notifying Principal Life Insurance Company of any changes in my bank/financial institution information.
- The privilege of paying my coverage premium by EFT will terminate:
 - (1) At my election.
 - (2) At the election of the above named bank/financial institution.
 - (3) At the election of Principal Life Insurance Company.

This authorization shall not be construed as modifying or affecting any of the provisions of my coverage.

| Signature | Date | |
|-----------|----------|------------------|
| Address | | City |
| State | Zip code | Telephone number |

Principal Life Insurance Company Attn: Group Operations – Portability 711 High Street, Des Moines, IA 50392