



Mailing Address:
 Marsh Affinity Group Services
 P.O. Box 14578
 Des Moines, IA 50306-4578

**Principal Life
 Insurance Company**

**Group Universal Life Insurance
 Change of Name and/or
 Change of Beneficiary**

Please use black ink pen.

A. Owner Insured Information

Owner name	Employer name
Owner mailing address	Certificate number
Insured's name (please print)	Owner's social security number

B. Request for Change of Name

Please change my name from: _____ To: _____

Due to:
 marriage divorce court degree

Spouse's name _____ Date _____

Your signature _____ Spouse's birthdate _____

_____ Date of request _____

C. Request for Change of Group Universal Life Insurance Beneficiary

The beneficiary may be changed, while the insured is living, by written request satisfactory to Principal Life Insurance Company. A change, when approved and recorded by Principal Life, takes effect as of the date of the request, and replaces (cancels) any recorded designations subject to any payment made or action taken by Principal Life before recording the change.

Please print the full name, address, and relationship of each person you wish to name as a beneficiary of death proceeds. If naming more than one primary and/or contingent beneficiary, **please indicate percentages equal to 100%. See Page 2 of this form for instructions and examples.** Attach, sign and date a separate sheet if more space is needed.

	Name(s)	Address	Relationship	Percent
Primary:				(MUST EQUAL 100%)
Contingent (secondary)				(MUST EQUAL 100%)

If any beneficiary designated above dies before the insured, any amount which would have become payable to such beneficiary, if living, shall be paid equally to the surviving beneficiaries, unless otherwise provided.

If any trustee beneficiary is designated, it is understood and agreed that (1) Principal Life shall not be a party to nor bound by the conditions of any trust, and (2) payment of the death proceeds at the insured's death to the then-designated trustee shall be a complete discharge of the responsibilities of Principal Life.

D. Owner's Signature(s)

Owner's signature	Beneficiary signature (if named irrevocably)	Date of request
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Principal Life Only

Change processed by	Date recorded
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Questions?
 Call us at 1-800-255-6614
 Monday - Friday, 8 a.m. - 5 p.m. Central time

Beneficiary Instructions

Be sure to use given names such as "Mary A. Doe," not "Mrs. John Doe." Include the address and relationship of each beneficiary, if applicable. **Payment to Minors:** A minor child may be designated as a beneficiary. However, if death proceeds become payable while the child is still a minor, Principal Life may require appointment of a conservator for the child before paying the proceeds. You may designate a custodian under the Uniform Transfers to Minors Act and permit Principal Life to pay death proceeds to a custodian. To do so, please complete the Group Universal Life Beneficiary with UTMA Custodian form. Please print "SEE ATTACHED" in section C of this form and return the completed form along with the Group Universal Life Beneficiary Designation with UTMA Custodian form. This custodian is under legal duty to use the money for the benefit of the minor child(ren). No court proceedings are needed to designate a custodian.

Sample Beneficiary Designations

Be sure to use given names as "Mary M. Doe," not "Mrs. John Doe" and include address and relationship of the beneficiary or beneficiaries to you.

Primary	Name	Birthdate	Address	Relationship	Percent
One beneficiary	Mary M. Doe	xxxxxxxx	xxxxxxxxxxxxxxxxxxxx	Sister	100%

Primary

Two beneficiaries	Jane J. Doe	xxxxxxxx	xxxxxxxxxxxxxxxxxxxx	Mother	50%
	John J. Doe	xxxxxxxx	xxxxxxxxxxxxxxxxxxxx	Father	50%
	or to the survivor				

You may name one or more Contingent beneficiaries. Your contingent beneficiary(ies) will only receive death proceeds if the primary beneficiary(ies) dies before or at the same time as you die.

Primary	Jane J. Doe	xxxxxxxx	xxxxxxxxxxxxxxxxxxxx	Wife	100%
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Contingent (secondary)	John J. Doe	xxxxxxxx	xxxxxxxxxxxxxxxxxxxx	Brother	100%
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Trust	ABC Bank and Trust Co.	N/A	xxxxxxxxxxxxxxxxxxxx	Trustee or Successor in trust under (trust name) established (date of trust agreement)	100%
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