



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

EFT (Electronic Fund Transfer)
Request for Pre-Authorization
Debit

Company Information

Company Name _____ Principal Life Insurance Company Account and Unit Number _____

Banking Information

Routing and Transit Number	Your Account Number	Type of Account
Example ▼ Routing & Transit No. or Bank I.D. No.	▼ Your Account No.	Checking Savings
Ⓜ 10 10000351	0 10 2000405949	

Name of Bank _____

City _____ State _____ ZIP Code _____

Company elects to access the bill on Principal Life Insurance Company web site monthly. Paper statements will not be produced.
Company elects to have the premium statement mailed monthly.

The Company hereby requests that premiums under the policy or policies listed above be paid to Principal Life Insurance Company and hereby authorizes Principal Life Insurance Company to initiate debit entries to the account at the financial institution named above. The Company authorizes Principal Life Insurance Company, if necessary, to initiate any entries and adjustments to correct entries made in error. The Company hereby authorizes the above named financial institution to debit entries to the account.

This authorization is subject to the following conditions:

- (1) Such debit entries shall be initiated 20 days after statement produces for billing period and at such time as changes are made with regard to the Group Policy. EFT notices will not be mailed. Entries on the statements received from the financial institution will constitute receipts for payment of premium.
- (2) The first billing statement will not generate an EFT. The remaining balance due will be drawn with next month's billing statement. Each subsequent month thereafter will be drawn for the billed amount.
- (3) Electronic funds transfer failure will result in notification from Principal Life Insurance Company explaining reason for failure and requesting guaranteed funds. The Group Policy will cancel at the end of the grace period if payment is not received as described in the contract.
- (4) The Company will be responsible for notifying Principal Life Insurance Company of any changes in bank information.
- (5) The privilege of paying premiums by EFT under the Group Policy will terminate:
 - (a) At the Company's election.
 - (b) At the election of the above-named financial institution.
 - (c) At the election of Principal Life Insurance Company.
- (6) This authorization shall not be construed as modifying or affecting any of the policy provisions. The premium frequency is stated in your contract.

Employer Signature

Signature _____ Date _____

Attach Void Check Here

(Please tape down. Do not staple.)

Attach a check marked "void." The void check will not be returned. A copy of your check is acceptable.

After this form is completed and signed, send the original to Principal Life Insurance Company and retain a copy.