



PO Box 4926
Grand Island, NE 68802-4926
Home Office: Des Moines, IA 50392-0001

Principal Life
Insurance Company

300
Authorization Agreement
for Direct Deposit

Your Name: _____ Social Security Number: _____

Please complete this form for the purpose of depositing your annuity payments directly into your bank account.

Financial Institution Information

Financial Institution Name _____ Your Account Name _____
Financial Institution Telephone Number _____ Financial Institution Address (street) _____
City _____ State _____ ZIP Code _____

Indicate the account to which deposits are to be made: (Please verify this information with your financial institution)

- Checking Account **NOTE:** Enclose a voided check which shows the routing and transit number.
- Savings Account **COMPLETE:** Routing and transit number: _____
Your account number: _____
- Trust Account **COMPLETE:** Trust account number: _____
- IRA Account **COMPLETE:** IRA account number: _____

Note: Income payments can be deposited into an IRA Account, if electing the 60-month Fixed Period Option or Level Income Option payable for **LESS than 10 years.**

Authorization Agreement

I Hereby Authorize:

- Principal Life Insurance Company (Principal Life) to initiate credit entries to my account, at the financial institution named above.
- Principal Life, if necessary, to initiate debit entries and adjustments to correct any credit entries made in error.
- The financial institution to credit and/or debit entries to my checking, savings or trust account.

This authorization:

- Applies to any payments that hereafter become due and payable to me under the provisions of the contract(s) identified by the above Social Security Number.
- Is to remain in full force until I notify Principal Life in writing at its Home Office that the agreement is no longer effective
- This election will update any Direct Deposit Authorization agreement on file:

Your Signature _____ Joint Accountholder Signature (if any) _____
Your Address _____ City _____ State _____ ZIP Code _____
Your Telephone Number _____ Date _____

Tax Reporting (State of Legal Residence is the state in which you file your tax returns.)

State of Legal Residence _____ Is this a change? _____ If yes, what is the effective date of this change? _____
 Yes No