Principal Financial Group

Mailing Address:
Des Moines, IA 50392-0002

**Principal Life Insurance Company**

***Beneficiary Designation/ Change***

| **Company Name** | **Account/Unit Number** |
|---|---|
| Albion College | 1041920 |

**Employee Information**

| Your name (last, first, middle initial) | Social security number |
|---|---|
| | |

**Section I Group Term Life Beneficiary Designation** (Complete if covered for group term life coverage.)

**All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 3.**

**Primary Beneficiaries:**

| Name | Check here if a minor ☐ | Percentage | Relationship |
|---|---|---|---|
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |

**Contingent Beneficiaries:**

| Name | Check here if a minor ☐ | Percentage | Relationship |
|---|---|---|---|
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |

This page is not applicable for Albion College

**Section II** **Voluntary Term Life Beneficiary Designation** (Complete if covered for voluntary term life coverage. If you want to use the same beneficiary designation as indicated for group term life coverage above, write "same as above" in the beneficiary section below.)

NOTE: If you are covered by both group term life and voluntary term life coverage and only indicate a beneficiary designation for one of these, the facility of payment provision in the group policy will be used to determine how proceeds will be paid for the other coverage.

**All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 3.**

**Primary Beneficiaries:**

| Name | Check here if a minor ☐ | Percentage | Relationship |
|---|---|---|---|
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |

**Contingent Beneficiaries:**

| Name | Check here if a minor ☐ | Percentage | Relationship |
|---|---|---|---|
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |

The right to make future changes is reserved. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to said company.

**Minor Beneficiary – UTMA: ONLY COMPLETE IF THE BENEFICIARY LISTED ABOVE IS A MINOR.**

If any proceeds become payable to a beneficiary who is then a "minor" as defined in the applicable Uniform Transfers to Minors Act, as specified herein, such proceeds shall be paid to _____
(Name)

_____
(Address)

as custodian for such beneficiary:

**(Check One Only) See instructions on Page 4.**

☐ under the Iowa Uniform Transfers to Minor Act.

☐ under the Uniform Transfers to Minor Act of the state where the beneficiary shall reside at the time of payment. In the event the beneficiary resides in California or Ohio at the time of payment, the custodianship is to continue until the beneficiary reaches the age of ___ for California (insert 18, 19, 20, 21, 22, 23, 24 or 25) or ___ for Ohio (insert 18, 19, 20 or 21).

In the event a substitute custodian is needed, the following is/are nominated, in the order named:

| Name | Address |
|---|---|
| | |
| Name | Address |
| | |

If no state is specified (by name or description) above, or if the state so specified has not enacted the Uniform Transfers to Minors Act, or if the law of the state so specified does not provide for such payment to a custodian, the custodianship shall be established under the Iowa Uniform Transfers to Minors Act. If the specified Uniform Transfers to Minors Act would require the beneficiary's custodianship to terminate at or before the time of payment, the proceeds payable to that beneficiary shall be paid to the beneficiary rather than to a custodian.

**Section III Signature**

**Read important instructions on Page 4 before signing.**

_____ _____
Signature of employee Date signed

**Note: make a copy of Page 1, 2, and 3 for your records and distribute copy to employee.**

Print

## Minor Beneficiary – UTMA Instructions – Please Note the Following:

1. You may wish to consult with your attorney about the completion of this beneficiary designation. The following comments are of a general nature and are not intended to be legal advice, or to substitute for legal advice.
2. **Naming a custodian and substitutes.** A custodian must be named in the blank following the words "paid to" in the designation. It is strongly recommended that you also name at least one (and preferably two or more) substitute custodians on the lines provided for that purpose. A substitute custodian would serve if, at the time of payment, the first-named custodian is deceased or otherwise unable or unwilling to serve. The custodian (and each substitute) listed on the beneficiary designation should be either: (1) an individual who is now an adult; or (2) a trust company, such as a financial institution with a trust department.
3. **Specifying the state law.** You may specify that the custodianship be established under the Iowa Uniform Transfers to Minors Act, regardless of where the minor lives. Principal Life Insurance Company is based in Iowa and therefore may transfer funds to a custodian in any state for the benefit of a minor in any state if the beneficiary designation specifies that the transfer shall be made under the Iowa Uniform Transfers to Minors Act. The Iowa Uniform Transfers to Minors Act defines a "minor" as an individual who has not reached age 21.

   Alternatively, you may specify that the custodianship be established under the law of whatever state the beneficiary may live in at the time of payment. If this happens to be a state that has not enacted the Uniform Transfers to Minors Act, the designation specifies that the custodianship will be established under the Iowa Uniform Transfers to Minors Act. (As of early 1996, all but 5 states had enacted the Uniform Transfers to Minors Act.) If there is a possibility that the minor beneficiary will live in California or Ohio at the time of payment, you may wish to fill in one or both of the blanks specifying the age at which the custodianship is to terminate (see below). The ability to specify such an age in the beneficiary designation is a unique feature of the Ohio and California Uniform Transfers to Minors Acts.

   The state specified in the designation may affect the age at which the beneficiary will have control of the money. Under the Uniform Transfers to Minors Act as enacted in many states, a custodianship created pursuant to a beneficiary designation terminates when the beneficiary reaches the legal age of majority (usually 18), even though custodianships created pursuant to a lifetime gift may terminate at a later age. However, under the Iowa Uniform Transfers to Minors Act, and in a few states, a custodianship created pursuant to a beneficiary designation continues until the beneficiary reaches age 21. As noted above, custodian nominations under the California Uniform Transfers to Minors Act may specify an age (up to the age of 25) for the custodianship to terminate. If no age is specified, the California custodianship will terminate at age 18. Custodianships under the Ohio Transfers to Minors Act terminate at age 21 unless the beneficiary designation specifies that it will terminate at age 18, 19 or 20.

## Sample Beneficiary Designations

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

| **Proposed Beneficiary** | **Suggested Wording for Beneficiary “name”** |
|---|---|
| Insured’s Estate | My Estate |
| Trust with Individual Trustees | Richard Doe and John Smith, Trustees, or a Successor in Trust under (Trust Name) established XX/XX/XXXX |
| Present or Living Trust | ABC Bank & Trust Company, Des Moines, Iowa. Trustee under (Trust Name) established XX/XX/XXXX |
| Testamentary Trust | Trustee of Mary I Doe Trust or Successor in Trust established by the Last Will & Testament of the Insured Dated XX/XX/XXXX |