

Authorization agreement
for direct deposit
(financial professionals only)

Principal Life Insurance Company
Principal National Life Insurance Company
Principal Securities, Inc.
Members of Principal Financial Group®
Des Moines, IA 50392-0001



If you are a financial professional earning commissions, please complete this form to authorize us to deposit your net compensation earnings directly into your financial institution account ("Bank"). Investment brokerage accounts are not accepted if a debit cannot be processed.

NOTE: Review [Principal's Workforce US Privacy Notice](http://www.principal.com/privacy-policies). (www.principal.com/privacy-policies)



Please include one of the following with this signed form: a voided check from your checking account or a deposit slip from your savings account.

Please sign and return this form to:
Sales Compensation Administration
Principal Financial Group
Des Moines, Iowa 50392-0470

Email
Email completed form to:
directdepositchanges@principal.com

Questions?
800-388-4793

This represents:		Statement Code(s)
<input type="checkbox"/> New Enrollment		_____
<input type="checkbox"/> Change of Account	Name _____	_____
<input type="checkbox"/> Change of Bank	Tax ID number (SSN or EIN) _____	_____

Account information

☐ Checking Account Bank's routing & transit numbers _____
Or Account number* _____
☐ Savings Account Name on account _____
PSI Registered Reps: A voided check or deposit slip is required in order to deposit directly into your checking and savings account
Or

☐ Principal Funds Inc., Money Market Fund Account
Routing number _____
Principal Funds Inc., Money Market Fund Account number* _____
*Please provide the number that is on the MICR line of your checks.

Authorization agreement for direct deposit

I hereby authorize Principal Life Insurance Company, Principal National Life Insurance Company, or Principal Securities, Inc. (if a Principal Securities Registered Representative) to:

- Deposit or credit my compensation earnings to the provided bank account.
- If necessary, initiate adjustments to correct any credit entries made in error to my bank account.

This authority is to remain in effect until revoked by me in writing and received by Principal Life Insurance Company, Principal National Life Insurance Company, or Principal Securities, Inc. at Sales Compensation Administration, Principal, Des Moines, IA 50392-0479. I understand either party reserves the right to terminate this agreement at any time.

Signature X _____ **Date** _____
Business address _____
Business phone number _____ **Home phone** _____ **Fax number** _____
Email (please provide if we have additional questions) _____