

Marketer appointment information sheet

Principal Life Insurance Company
Principal National Life Insurance Company
Members of Principal Financial Group®



Please complete the form to provide demographic information to build a marketer profile.

Note: To facilitate and expedite your appointment with Principal, please provide a signed copy of the first page of the Authorization for Background Investigation form (DD1470).



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



Email
Email completed form to Group Appointments:
Licandappt_Group@exchange.principal.com
Pension Appointments:
LicandAppt_RIS@exchange.principal.com



Questions?
800-388-4793

Marketer demographic information

Policy name/Contract number

Legal name

Preferred first name

SSN

Date of birth (mm/dd/yyyy)

Gender: ☐ M ☐ F (optional)

Business physical address

Street

City

State

Zip

Business mailing address (if different)

Street

City

State

Zip

Personal address (no PO Box)

Street

City

State

Zip

Business phone number

Email address

Are commissions to be paid to the agency? ☐ Yes ☐ No

Agency or firm affiliated with*

Tax ID

Marketer's CRD number*

Broker Dealer affiliated with (Pension)*

Appointment application state (required)

*If applicable