

# 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](mailto:Licandappt_Group@exchange.principal.com)  
Pension Appointments:  
[LicandAppt\\_RIS@exchange.principal.com](mailto: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