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).

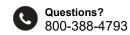


Please sign and return this form to: Sales Compensation Administration Principal Financial Group Des Moines, Iowa 50392-0470



Email

Email completed form to Group Appointments: <u>Licandappt Group@exchange.principal.com</u> Pension Appointments: <u>LicandAppt RIS@exchange.principal.com</u>



Marketer demographic information

Policy name/Contract number				
Legal name	Preferr	Preferred first name		
	Gender: M	F (optional)		
SSN	Pate of birth (mm/dd/yyyy)			
Business physical address				
Street	City	State	Zip	
Business mailing address (i	if different)			
Street	City	State	Zip	
Personal address (no PO Bo	ox)			
Street	City	State	Zip	
Business phone number	Email address			
Are commissions to be paid to	o the agency?			
Agency or firm affiliated with*	Tax ID			
Marketer's CRD number*	Broker Dealer affiliated with (Pension)*			
Appointment application state (require	ed)			
*If applicable				

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