

Commission assignment

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



Please complete this form for a financial professional to assign commissions to a corporate entity.

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

 **Email**
Email completed form to:
contracting@principal.com

 **Questions?**
800-388-4793

_____ assigns and transfers to
("Assignor") _____ all right, title and interest in and to all
("Assignee") _____
commissions earned under _____ with Principal Life Insurance Company and/or Principal National
Broker code _____
Life Insurance Company (collectively the "Company").

This Assignment is made for the purpose of vesting in the Assignee absolute title to said commissions. Notwithstanding this Assignment, the Company, its successors and assigns, has the right to offset against Assignor's commissions, any indebtedness of the Assignor which the Company, its successors and assigns, would have been authorized to deduct from or offset against if this assignment has not been made.

The Company, its successors and assigns, is authorized and directed to pay any and all assigned commissions directly to the Assignee beginning on the date Assignor executes this document.

The Company, its successors and assigns, may rely upon any receipt, release or waiver or any transfer or other instrument executed by the Assignee alone, purporting to affect this Assignment or any rights hereunder.

Executed _____ By _____
Date Assignor signature

Assignee information

Corporation name _____ Tax ID number _____

Business address: _____
Street

City _____ State _____ Zip _____

Commission assignment acknowledged (To be completed by Home Office only)

We are honoring this assignment as a service to you. You need to be aware the enforceability of this agreement in a court of law is between you and the party to whom commissions have been assigned. Principal Life Insurance Company and/or Principal National Life Insurance Company, therefore, assume no responsibility for the validity or effect of any such assignment.

Signature of President — Principal Life Insurance Company _____ Date (mm/dd/yyyy) _____

Signature of President — Principal National Life Insurance Company _____ Date (mm/dd/yyyy) _____