



PO Box 4926
Grand Island, NE 68802-4926
Home Office: Des Moines, IA 50392-0001

Principal Life
Insurance Company

300
Authorization Agreement
for Direct Deposit

Your Name: _____ Social Security Number: _____

Please complete this form for the purpose of depositing your periodic income directly into your bank account.

Bank Information

Bank Name _____ Branch Office _____
Bank Telephone Number _____ Bank Address _____
City _____ State _____ ZIP Code _____

Indicate the account to which deposits are to be made: (Please verify this information with your bank)

- Checking Account **NOTE:** Enclose a voided check which shows the routing and transit number.
- Savings Account **COMPLETE:** Routing and transit number: _____
Your account number: _____
- Trust Account **COMPLETE:** Trust account number: _____
- IRA Account **COMPLETE:** IRA account number: _____

Note: Income payments can be deposited into an IRA Account, if electing the **60-month Fixed Period Option or Level Income Option** payable for **LESS than 10 years**. See the **Special Tax Rules for Your Benefit Payment Legal Requirements** section.

Authorization Agreement

I Hereby Authorize:

- The Company to initiate credit entries to my account, at the financial institution named above (herein called Bank).
- The Company, if necessary, to initiate debit entries and adjustments to correct any credit entries made in error.
- The Bank to credit and/or debit entries to my account.

This Authorization:

- Applies to any payments that hereafter become due and payable to me under the provisions of the contract(s) identified by the above Social Security Number.
- Is to remain in full force until I otherwise notify the Company in writing at its Home Office.

Your Signature _____ Joint Accountholder Signature (if any) _____
Your Address _____ City _____ State _____ ZIP Code _____
Your Telephone Number _____ Date _____

Tax Reporting (State of Legal Residence is the state in which you file your tax returns.)

State of Legal Residence _____ Is this a change? Yes No If yes, what is the effective date of this change? _____