Principal Life Insurance Company
Principal National Life Insurance Company
Members of Principal Financial Group®
P.O. Box 10431, Des Moines, IA 50306-0431
www.principal.com
Your policy indicates its issuer, which is the company responsible for the policy obligations and is referred to herein as the 'Company'.

Authorization For Release of Information

Call: 800-247-9988
Fax: 866-885-0390

Policy Number(s)	Policyowner Name	Phone Number
		( )

Requests for illustrations: Your policy requires the Company to provide one current inforce illustration each year to Policyowner(s) without charge. Under this Authorization, the Authorized Party may make 4 requests for illustrations per calendar year per policy. We reserve the right to change this service level and/or charge for services at any time.

I, the policyowner, authorize the Company to release information about this policy(ies) to the person(s) listed below.

a) I understand that the person(s) named on this form will replace any previously named authorized person(s).

b) I understand this form authorizes only the release of policy information (not personal medical information) on my insurance policy(ies), and does not authorize the person/entity designated below to exercise policy rights and provisions.

c) I understand and agree that the Company may terminate this authorization at its discretion at any time without prior notice.

d) This authorization will remain in effect until the Company receives either 1) notice from me that such authority has been revoked, 2) acceptable proof of an owner's death, or 3) a change in ownership of the policy. The Company must receive notice of these events in a form acceptable to the Company.

e) I agree to indemnify and hold the Company and its directors, officers and employees harmless from all liabilities and costs, including attorney fees, which it may incur by relying on this authorization.

f) I understand that the authorized person(s) will be authenticated at each request. This authentication involves the authorized person providing certain policy or owner specific information.

Information about the Authorized Party

If your authorized party is a Company or Trust, please list no more than 5 authorized representatives below.

Name of Authorized Person(s)

Company Name, if applicable

Address (Street, City, State, and Zip Code)	Contact Phone Number
	( )

Signatures (All Policyowners must sign and date. If this form is not dated, it will be effective the date we receive it.)

1. Policyowner Signature (include Title if Corporate owned or Trustee if Trust owned)	Date

2. Policyowner Signature (include Title if Corporate owned or Trustee if Trust owned)	Date

If signing on behalf of another, * provide relationship

* If this authorization is signed by someone other than the policyowner, please include the proper documentation that attests to your ability to sign (certified letters of appointment of the representative of an estate, power of attorney, etc.).