

Authorization agreement
for direct deposit
(financial professionals only)

Principal Life Insurance Company
Principal National Life Insurance Company
Principal Securities, Inc.
Members of Principal Financial Group®
Des Moines, IA 50392-0001



If you are a financial professional earning commissions, please complete this form to authorize us to deposit your net compensation earnings directly into your financial institution account ("Bank"). Investment brokerage accounts are not accepted if a debit cannot be processed.



Please include one of the following with this signed form: a voided check from your checking account or a deposit slip from your savings account.



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



Email
Email completed form to:
directdepositchanges@principal.com



Questions?
800-388-4793

This represents:

- New Enrollment
- Change of Account
- Change of Bank

Name _____

Tax ID number (SSN or EIN) _____

Statement Code(s)

Account information

- Checking Account
- Or**
- Savings account

Bank's routing & transit numbers _____

Account number* _____

Name on account _____

Voided check required in order to process for checking account.

Or

- Principal Funds Inc., Money Market Fund account

Routing number _____

Principal Funds Inc., Money Market Fund account number* _____

*Please provide the number this is on the MICR line of your checks.

Authorization agreement for direct deposit

I hereby authorize Principal Life Insurance Company, Principal National Life Insurance Company, or Principal Securities, Inc. (if a Principal Securities Registered Representative) to:

- Deposit or credit my compensation earnings to the provided bank account.
- If necessary, initiate adjustments to correct any credit entries made in error to my bank account.

This authority is to remain in effect until revoked by me in writing and received by Principal Life Insurance Company, Principal National Life Insurance Company, or Principal Securities, Inc. at Sales Compensation Administration, Principal, Des Moines, IA 50392-0479. I understand either party reserves the right to terminate this agreement at any time.

Signature X _____ **Date** _____

Business address _____

Business phone number _____ **Home phone** _____ **Fax number** _____

Email (please provide if we have additional questions) _____