




Please complete the following information to change the financial professional, firm, and/or Broker Dealer of record on the following policies: Fixed Life, Fixed Annuity, Disability, Variable Annuity, Variable Life. **Please print legibly and return both pages of the form.**

NOTE: Review [Principal Workforce US Privacy Notice](http://www.principal.com/privacy-policies) (www.principal.com/privacy-policies)

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

 **Email**
Reference checklist DD9184B and email
completed form to:
agentchange.indiv@principal.com

 **Questions?**
800-388-4793

Note:

- Form should be filled out and signed by the Individual policy owner and returned to the email listed above.
- For detailed information on the Financial Professional Change – Policy Owner Request, reference the Financial Professional Change Checklist (DD9184B).
- Financial Professionals: To expedite your request, you are required to ensure that you have the proper active license for the state the policy owner resides in.

Policy information

Insured or annuitant name

First name Middle initial Last name

Policy number(s) (Typically 7 or 8 digits) Please attach list if more than five policies:

2. Signature

Authorized signatures of all Policy Owners. If multiple owners or trustees, all must sign.

X _____ / /
Signature Printed name Date (mm/dd/yyyy):

Check if you are signing as: Trustee* Power of Attorney*

X _____ / /
Signature Printed name Date (mm/dd/yyyy):

Check if you are signing as: Trustee* Power of Attorney*

*Attach copy of applicable trust or power of attorney

3. New financial professional information

Complete the following for the new financial professional:

Full legal name(s)

First name Middle initial Last name Email address (required):

SSN (Last four digits required): Statement code(s) with Principal: Percentage (must be greater than or equal to 5%):

Firm affiliation (if applicable): Broker-Dealer affiliation (if applicable):

Complete the following if more than one new financial professional:

Full legal name(s)

First name Middle initial Last name Email address (required):

SSN (Last four digits required): Statement code(s) with Principal: Percentage (must be greater than or equal to 5%):

Firm affiliation (if applicable): Broker-Dealer affiliation (if applicable):