



A member of the Principal Financial Group

Principal Bank
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ACCOUNT DESIGNATION OF BENEFICIARY For Non-Qualified Accounts

Not to be used for IRAs, Formal Revocable Trusts, Formal Irrevocable Trusts, Estates, Guardianships, Conservatorships or UTMAs.

ACCOUNT OWNER INFORMATION:

Form with fields for Account Number, Type of Account (Checking, Money Market, Savings, CD), and Account Owner/Joint Owner details (Last Name, First Name, Middle Initial, Social Security Number).

If by designating beneficiaries, you also want these accounts designated as Payable-on-Death (POD) Accounts for FDIC purposes, check this box. All accounts noted above will include POD in the title. You will need to complete an additional form for any accounts you do not wish to be designated as POD Accounts. For additional information on FDIC ownership categories, visit www.fdic.gov.

BENEFICIARY INFORMATION:

In the event of the death of an individual account owner, distribute the balance of the account indicated above to the following beneficiaries. In the event of the death of one of the joint account owners, the deceased party's ownership in the account passes to the surviving owner or owners. In the event of the death of all the joint owners at the same time, the balance of this account will be distributed to the following beneficiary(ies). If all primary beneficiaries predecease me, distribute the balance of my account to the contingent beneficiaries.

Enter Name, Address, Social Security Number, Relationship, Date of Birth and Percentage for EACH beneficiary you list. The total percentage for all primary beneficiaries must equal 100% as should the total percentage for all the contingent beneficiaries. If no percentage is indicated, all funds will be distributed in equal shares to the beneficiaries. If more beneficiaries are needed, please complete an additional form.

PRIMARY BENEFICIARY(IES)

Table with 4 columns: Name (Last, First, Middle Initial), Social Security Number (SSN/TIN), and Percentage. It contains four identical rows for listing primary beneficiaries, each with sub-rows for Street Address, Mailing Address, City, State, Zip, and Date of Birth.

CONTINGENT BENEFICIARY(IES)

Last Name	First Name	Middle Initial	Social Security Number (SSN/TIN)		Percentage
Street Address (required)		City	State	Zip	Relationship
Mailing Address (optional)		City	State	Zip	Date of Birth (mm/dd/yyyy)
Last Name	First Name	Middle Initial	Social Security Number (SSN/TIN)		Percentage
Street Address (required)		City	State	Zip	Relationship
Mailing Address (optional)		City	State	Zip	Date of Birth (mm/dd/yyyy)
Last Name	First Name	Middle Initial	Social Security Number (SSN/TIN)		Percentage
Street Address (required)		City	State	Zip	Relationship
Mailing Address (optional)		City	State	Zip	Date of Birth (mm/dd/yyyy)
Last Name	First Name	Middle Initial	Social Security Number (SSN/TIN)		Percentage
Street Address (required)		City	State	Zip	Relationship
Mailing Address (optional)		City	State	Zip	Date of Birth (mm/dd/yyyy)

I hereby release Principal Bank from and indemnify it for any and all claims arising from the Bank's actions hereunder. I understand that this Designation of Beneficiary will be effective on the date of receipt by Principal Bank. I have the right to change this Designation of Beneficiary and to designate new beneficiaries at any time by writing to Principal Bank.

Signature of Account Owner	Date
Signature of Joint Owner	Date