



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 Type of Account and Account Number, Account Owner Last Name, First Name, Middle Initial, Social Security Number (SSN/TIN), and Joint Owner information.

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.

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.

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.

PRIMARY BENEFICIARY(IES)

Multiple form sections for Primary Beneficiary(ies) with fields for Last Name, First Name, Middle Initial, Social Security Number (SSN/TIN), Percentage, Street Address, City, State, Zip, Relationship, Mailing Address, 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