



Principal Life Insurance Company  
Des Moines, IA 50306-9394

## 1. Who are you (please print with black ink)

Name

Date of Birth

/ /

Email Address

Social Security Number

XXX - XX -

**NOTE:** The email address you submit will be used only by the Principal Financial Group®.  
We will not provide it to third parties. For more information, see our privacy policy at [principal.com](http://principal.com).

## 2. Start saving (pick one)

☐ I would like to contribute \_\_\_\_\_ % of my eligible pay on a pre-tax basis.

This election is subject to plan and Internal Revenue Service limits.\*

☐ I choose not to save

I will contribute 0% to the plan at this time. Checking this box will not stop any current contribution.

☐ I'm already enrolled in the plan, and I would like to increase my pre-tax contribution by:

☐ 5% ☐ 3% ☐ 2% Other \_\_\_\_\_%

My contribution change will become effective based on plan provisions.

**Important:** This form is designed to give you a quick way to pick your contribution amount. You must select investment options online at [principal.com](http://principal.com) or by calling 1-800-547-7754.

## 3. Stay in touch

To make or change your investment election and access other account information, log in to **principal.com**.

- Under **Account Login**, select **Personal** as the login type. Click the "**Register Now**" link and follow the instructions.
- Follow the prompts, using **Contract/Plan ID Number 615572** to establish access.

**By signing below, I agree that I have received and reviewed information about the plan's investment options so that I may make an informed enrollment decision. I will select investment options by logging in to [principal.com](http://principal.com) or calling 1-800-547-7754.**

If you don't make an election, your contributions will be directed to a **Principal LifeTime Separate Account** based on your current age and the plan's normal retirement date.

**You can find information about all of the plan's investment options in the plan's Investment Option Summary and at [principal.com](http://principal.com).**

X

Signature

Date

This agreement applies to amounts earned until changed by me. I understand my employer may reduce my contribution only when required to meet certain plan limits. I will review all statements regularly, and immediately report any discrepancy to Principal®.