## Designation of Beneficiary



SECTION A: YOUR PERSONAL INFORMATION												
Last	Name:	First Name:		M	l:							
Soci	al Security #:[	Date of Birth:	Marital Status:	☐ Sing	le 🗆	Married						
Plan(s) Designation												
I hereby direct that the beneficiary designation(s) below apply to the following, to the extent I am eligible:												
□ Basic Life Insurance Plan □ Supplemental Accidental Death & Dismemberment												
☐ Accidental Death & Dismemberment ☐ Unpaid Wages/Bonuses												
	☐ Supplemental Life Insurance Plan ☐ Vacation Pay -OR-											
□ All of the Above												
LI AII OI IIIE ADOVE												
Primary Beneficiary(ies)												
Benefits will be distributed in equal shares unless otherwise specified below, in which case percentages <b>MUST equal 100%</b> .												
4.1				Ch aus	07							
#1	Last Name	First Name	MI	Share	<b>%</b>							
	Address	City	State		Zip							
	Social Security Number	Date of Birth	Relationship									
#2	Last Name	— First Name	 MI	Share	%							
	Lasi Name	THST NOTHE	7711									
		City	State		 Zip							
	Addiess	City	Sidie		ΣIP							
	Social Security Number	— Date of Birth	Relationship									
	остаговати потпрет рате от вити кетаполятир											
#3	Last Name	First Name	MI	Share	%							
	Address	City	State		Zip							
			_									
	Social Security Number	Date of Birth	Relationship									
☐ Check here and attach additional sheets if you would like to name more than three Primary												
Beneficiaries												
☐ lt	you have named your mouse	as a primary beneficiary, and yes	Lare divorced	with a fi	nal da	cree on						
	If you have named your spouse as a primary beneficiary, and you are divorced with a final decree on your date of death, your ex-spouse will not receive benefits, unless you've checked here.											













## **Contingent Beneficiary(ies)**

Benefits will be distributed in equal shares unless otherwise specified below, in which case percentages MUST equal 100%.

#1	Last Name	First Name		MI		Share	%			
	Address		City		State		Zip			
	Social Security Number	— Date of B	Date of Birth		ationship	)				
#2	Last Name	— First Name				Share	%			
	Address		City		State		Zip			
	Social Security Number	Date of B	sirth	Rel	elationship					
#3	Last Name	First Name				Share	%			
	Address		City		State		Zip			
	Social Security Number	Date of B	- Birth	Rel	ationship	)				
<ul> <li>□ Check here and attach additional sheets if you would like to name more than three Contingent Beneficiaries</li> <li>□ If you have named your spouse as a primary beneficiary, and you are divorced with a final decree on your date of death, your ex-spouse will not receive benefits, unless you've checked here.</li> </ul>										
<ul> <li>In the event of a change in marital status or family status, the designations as set forth above, will not automatically change unless anew Designation of Beneficiary Form is completed and received by the Company prior to your death.</li> <li>Beneficiaries will only receive benefits if they are living on your date of death. If you have not named a beneficiary, or none of the beneficiaries you named are living on the date payment is to be made, then payment will be made to your surviving spouse. If there is no surviving spouse, payment will be made in equal shares to your natural or LEGALLY adopted children (whether or not presently born) who are living on your date of death. If there are no children, then payment will be made to your estate.</li> <li>If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to Principal Life.</li> <li>If you have designated a minor child(ren) as your beneficiary, you must complete the Principal Life Uniform Transfers to Minors Act form</li> </ul>										
Emp	loyee's Signature				Date					









