

State of Idaho 1112337  
Beneficiary Designation/ Change  
of Beneficiary/Change of Name

Principal Life Insurance Company  
Des Moines, IA 50392-0002



RETURN THIS FORM TO:  
YOUR HR OFFICE

|                    |              |              |                                 |
|--------------------|--------------|--------------|---------------------------------|
| Employee full name |              |              | Employee social security number |
| Date of birth      | Date of hire | State agency |                                 |
| Employee e-mail    |              |              | Employee phone number           |

Basic Life

Basic Life Beneficiary Designation

This form applies to the State of Idaho Group Term Life Insurance Plan. The following designated beneficiaries will be in force until revoked by me with a new form. **If more than one primary or contingent beneficiary, payment will be made in equal shares or to the survivors in equal shares unless otherwise stated below.**

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 proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to said company.

Primary Beneficiary Designation

|            | Relationship | Share % |
|------------|--------------|---------|
| Full name: |              |         |
| Address:   |              |         |
| Full name: |              |         |
| Address:   |              |         |
| Full name: |              |         |
| Address:   |              |         |

**In the event said primary beneficiary(ies) predecease me, I designate as contingent beneficiary(ies):**

Contingent Beneficiary Designation

|            | Relationship | Share % |
|------------|--------------|---------|
| Full name: |              |         |
| Address:   |              |         |
| Full name: |              |         |
| Address:   |              |         |
| Full name: |              |         |
| Address:   |              |         |

Voluntary Term Life

- I hereby certify that I have been given the opportunity to apply and wish to purchase additional Voluntary Term Life insurance.  
Please complete and attach the Voluntary Term Life enrollment form.
- I hereby certify that I have been given the opportunity to apply and purchase additional Voluntary Term Life and hereby waive my right to purchase such additional Voluntary Term Life insurance.

Signatures Necessary to Process

|                                                      |             |
|------------------------------------------------------|-------------|
| Employee full signature                              | Date signed |
| Signature of witness (cannot be same as beneficiary) | Date signed |

If you are designating a beneficiary other than your spouse and you reside in one of the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, or Washington (state), your spouse must also sign the beneficiary designation.

|                     |             |
|---------------------|-------------|
| Signature of spouse | Date signed |
|---------------------|-------------|

## Change of Member's Name

Reason for change

marriage  divorce  court decree

Change my name from:

Date of marriage, divorce or decree

To:

## State Agency to Complete

Date recorded

By

## Instructions for Designation of Beneficiary

Be sure to use given names such as "Mary M. Doe," not "Mrs. John Doe." The following sample designations may be helpful to you.

| <u>Type of Beneficiary</u>                                           | <u>Standard Wording</u>                                                                                                                                                                                                                       |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>insured's estate</b>                                           | my estate                                                                                                                                                                                                                                     |
| 2. <b>one beneficiary</b>                                            | Anna L. Doe, wife                                                                                                                                                                                                                             |
| 3. <b>two beneficiaries</b>                                          | John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor                                                                                                                                                                      |
| 4. <b>three or more beneficiaries</b>                                | John A. Doe, father, and Mary I. Doe, mother, and Henry J. Doe, son, equally or to the survivors or survivor                                                                                                                                  |
| 5. <b>one beneficiary and one contingent beneficiary</b>             | Anna L. Doe, wife, if living; otherwise, Henry J. Doe, son                                                                                                                                                                                    |
| 6. <b>one beneficiary and two contingent beneficiaries</b>           | Anna L. Doe, wife, if living; otherwise Henry J. Doe, son, and Alice G. Doe, daughter, equally or to the survivor                                                                                                                             |
| 7. <b>one beneficiary and three or more contingent beneficiaries</b> | Anna L. Doe, wife, if living; otherwise Henry J. Doe, Alice G. Doe and Charles B. Doe, children, equally or to the survivors or survivor                                                                                                      |
| 8. <b>two beneficiaries and one contingent beneficiary</b>           | John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor, if living; otherwise, Anna L. Doe, wife                                                                                                                             |
| 9. <b>two beneficiaries in unequal portions</b>                      | seventy-five percent (75%) of the proceeds to John A. Doe, father, if living, and twenty-five percent (25%) to Anna L. Doe, mother, if living, the share of a deceased beneficiary to be paid to the survivor, if any. Total must equal 100%. |
| 10. <b>trust with individual trustees</b>                            | Richard Doe and John Smith, trustees, or a successor in trust under (trust name) established (date of trust agreement)                                                                                                                        |
| 11. <b>trust with corporate trustee</b>                              | ABC Bank and Trust Company, Des Moines, Iowa, Trustee or successor in trust under (trust name) established (date of trust agreement)                                                                                                          |
| 12. <b>testamentary trust</b>                                        | Trustee of the Mary I. Doe Trust or successor in trust established by the last will & testament of the insured dated (insert date of will)                                                                                                    |
| 13. <b>minor beneficiary</b>                                         | When either the primary or contingent beneficiary designation includes one or more minor children, you need to complete an additional form. Beneficiary designation with UTMA custodian, see your employer for this form.                     |

Do not attempt to erase or make corrections; use a new form.

Original - agency payroll office      Make copy for employee