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 nun	nber
Basic Life					
	ficiary Designation				
		oup Term Life Insurance Plan. The f	followina desia	nated beneficiari	es will be ir
force until revoked in equal shares or If any beneficiary be a party to nor I insured to the the	d by me with a new form. to the survivors in equalis designated as trustee, bound by the conditions in designated beneficiary	. If more than one primary or cont al shares unless otherwise stated it is understood and agreed that I of any trust and payment of the p shall be a complete discharge as t	tingent benefic below. Principal Life Ir proceeds of sai	ciary, payment w Insurance Compar d policy on the d	ill be made ny shall no
Primary Beneficia	ry Designation			Relationship	Share %
Full name:				Retationship	Share 70
Address:				1	<u> </u>
Full name:					
Address:				1	
Full name:					
Address:				•	•
In the event said _I Contingent Benefi		predecease me, I designate as co	ntingent bene	ficiary(ies):	
				Relationship	Share %
Full name:					
Address:					
Full name:					
Address:				T	
Full name:					
Address:					
insurance. Please comple I hereby certif	y that I have been given t ete and attach the Volun fy that I have been given	the opportunity to apply and wish the opportunity to apply and wish the tary Term Life enrollment form. In the opportunity to apply and purch additional Voluntary Term Life in	rchase additior		
	essary to Process				
Employee full signatur	-e			Date signed	
Signature of witness (Date signed			
	alifornia, Idaho, Louisiana	than your spouse and you reside in a, Nevada, New Mexico, Texas, or \		-	
Signature of spouse				Date signed	

Ch	ange of Member's Name	
Rea	son for change	Change my name from:
<u> </u>	marriage divorce court d	
Dat	e of marriage, divorce or decree	To:
Sta	ate Agency to Complete	
Dat	e recorded By	
Ins	tructions for Designation of B	eneficiary
Be		Mary M. Doe," not "Mrs. John Doe." The following sample designations may be
	Type of Beneficiary	Standard Wording
1.	insured's estate	my estate
2.	one beneficiary	Anna L. Doe, wife
3.	two beneficiaries	John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor
4.	three or more beneficiaries	John A. Doe, father, and Mary I. Doe, mother, and Henry J. Doe, son, equally or to the survivors or survivor
5.	one beneficiary and one contingent beneficiary	Anna L. Doe, wife, if living; otherwise, Henry J. Doe, son
6.	one beneficiary and two contingent beneficiaries	Anna L. Doe, wife, if living; otherwise Henry J. Doe, son, and Alice G. Doe, daughter, equally or to the survivor
7.	one beneficiary and three or more contingent beneficiaries	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.	two beneficiaries and one contingent beneficiary	John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor, if living; otherwise, Anna L. Doe, wife
9.	two beneficiaries in unequal portions	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.	trust with individual trustees	Richard Doe and John Smith, trustees, or a successor in trust under (trust name) established (date of trust agreement)
11.	trust with corporate trustee	ABC Bank and Trust Company, Des Moines, Iowa, Trustee or successor in trust under (trust name) established (date of trust agreement)
12.	testamentary trust	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.	minor beneficiary	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