



**YOUR APPLICATION MAY BE RETURNED!**

You must be licensed and appointed with the company prior to submitting an application. Insurance companies are now ***returning*** applications submitted by brokers who are not ***licensed and appointed*** for the respective company in the state of solicitation.

**\*\* ATTENTION \*\***

**THIS PAPERWORK MUST BE  
RETURNED TO YOUR  
BROKERAGE  
GENERAL AGENCY.**

**Failure to return to your Brokerage General Agency  
will result in a delay of the appointment and possible  
rejection, by the carrier, of any business submitted.**

## Form Completion Instructions and Guidelines for Principal Life Broker Contracting/Appointments Only

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Please review the following prior to completing and submitting contracting paperwork.

- **It is the producer's responsibility to complete the contracting application and disclosure questions. Failure to disclose complete and accurate information, as requested on the Producer Information Form (PIF), the Form U4, and/or any other documents required by The Principal, may result in an automatic decline and possible termination of existing contracts and/or appointments.**
- Please note that all customer complaints filed (regardless of outcome or product type) and all disciplinary actions (insurance or securities-related) are required disclosures for all appointments - fixed, variable or both.
- Some states allow producers to sell business prior to being appointed. However, the results of the background check and/or review of the contracting application may prevent Principal Life from authorizing you to discuss or sell any Principal Life business until after you have been appointed and contracted. The field office through which your contracting forms were submitted will be notified of this restriction as soon as possible.
- If paperwork is forwarded to Compliance for additional review, it will lengthen the contracting process. You should expect that a Compliance review would add a minimum of 10 additional business days to our standard contracting time period. Status updates regarding the Compliance review will not be provided until these 10 days have passed.
- If you are asked to submit additional information, please do so promptly. Receipt of additional information will require another Compliance review. **Failure to submit additional information within 10 business days will result in the contracting application being closed out.** New paperwork will be required to reopen the contracting file.



**Principal Life Insurance Company**  
Des Moines, IA 50392-0470





Mailing Address: Des Moines, IA 50392-0470

Principal Life Insurance Company

Producer Appointment Information

Submitting Office Name and Number:

This is a statement of qualifications to become appointed as a producer and is not an application for employment. If you fail to answer any of the following information, it will delay processing. PLEASE PRINT LEGIBLY.

Applicant Name, SS/TID Number, Date of Birth, Home Address, Fax Number, Business Address, Business Phone Number

State Insurance License(s): Please provide the following information for the state(s) in which you would like to be appointed with the Insurance Company. (Attach additional sheets if necessary).

Table with columns: State, Line(s) of Authority (Life, Health, Variable Annuity, Variable Life), License Number, Resident (R) or Non-Resident (NR)

NASD Registered Representative's CRD Number:

Broker-Dealer Affiliation / or Bank:

(name) (city) (state) (zip)

Which Products Are You Interested In Selling?

Variable Life, Flexible Variable Annuity (FVA), Group Annuity, Fixed Life and Annuities, DI Products

Consumer Report Authorization By Individual To Be Appointed

I hereby authorize Principal Life Insurance Company ("Principal Life") to obtain in connection with my application for a contract and/or appointment as a marketer with Principal Life and/or as a marketer with an affiliated entity...

Any consumer report information obtained may be shared among Principal Life's affiliates in connection with hiring, appointment, promotion, reassignment, and/or retention decisions.

I also authorize the appropriate individuals, entities, companies, institutions, or agencies to disclose responsive information, and to the extent permitted by law I release them from any liability as a result of such disclosures.

I understand that a photocopy of this authorization may be accepted with the same authority as the original.

I was given (1) the Consumer Report Disclosure and (2) the Summary of Your Rights Under the Fair Credit Reporting Act before signing this document.

FOR APPLICANTS IN CALIFORNIA ONLY: I was also given the Additional Consumer Report Disclosure for California Applicants.

FOR APPLICANTS IN CONNECTICUT ONLY: I was also given the Additional Consumer Report Disclosure for Connecticut Applicants.

FOR APPLICANTS IN MINNESOTA ONLY: I was also given the Additional Consumer Report Disclosure for Minnesota Applicants.

This document contains confidential information and is for internal use only. No part may be copied nor disclosed without prior consent of the Principal Financial Group.

**Consumer Report Authorization By Individual To Be Appointed (Continued)**

- FOR APPLICANTS IN NEW YORK ONLY:** I was also given the Additional Consumer Report Disclosure for New York Applicants.
- FOR APPLICANTS IN OKLAHOMA ONLY:** I was also given the Additional Consumer Report Disclosure for Oklahoma Applicants.

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Home Address (do not use P.O. Box address)

\_\_\_\_\_  
Month and Day of Birth (year)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

My position with the firm writing business with the Insurance Company is as follows (check all that apply):

Partner    Solicitor    Corporate Officer    Member    Other (describe here \_\_\_\_\_ )

**Sign and return pages 1 and 2. Keep pages 3, 4, 5, 6 and 7 for your records.**

Date: \_\_\_\_\_

Insurance Company: _____
Submitting Office Name and Number: _____
Office Contact Person: _____

### Producer Information Form

**Contract is for (please check only one):**

- Individual     
  Partnership     
  Corporation     
  LLC

\_\_\_\_\_ SSN or TIN \_\_\_\_\_  
 (Name)

DBA (if applicable): \_\_\_\_\_  
 (Name)

Home Address (if an individual): \_\_\_\_\_  
 (Street/City/State/Zip)

Number of Years at Current Address: \_\_\_\_\_ (please provide prior address if less than three years)

Prior Address: \_\_\_\_\_  
 (Street/City/State/Zip)

Business Address: \_\_\_\_\_  
 (Street/City/State/Zip)

E-mail Address: \_\_\_\_\_ Website Address (if any): \_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) Date of Birth (if an individual): \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) Cell Phone Number: ( \_\_\_\_\_ )

Place of Birth (if an individual): \_\_\_\_\_  
 (City/State/Country)

Country of Citizenship: \_\_\_\_\_

If you are not a US citizen, you may be asked to provide documentation evidencing your US immigration status and authority to seek employment in the US.

Please identify any prior names, aliases, or business names used by the applicant in the past 10 years:

**State Insurance License(s): Please provide the following information for the state(s) in which you would like to be appointed with the Insurance Company. (Attach additional sheets if necessary).**

State	Line(s) of Authority	License Number	Resident (R) or Non-Resident (NR)
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life		<input type="checkbox"/> R <input type="checkbox"/> NR
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life		<input type="checkbox"/> R <input type="checkbox"/> NR
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life		<input type="checkbox"/> R <input type="checkbox"/> NR
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life		<input type="checkbox"/> R <input type="checkbox"/> NR
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life		<input type="checkbox"/> R <input type="checkbox"/> NR

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**Errors and Omissions Insurance** (Complete below or attach a copy of certificate of insurance or declarations page)

Limits of Liability	Policy Number	Carrier	Policy Expiration Date	Products/ Services Covered

**Broker-Dealer Affiliation:**

(name) (city) (state) (zip)

**FINRA Registration** (You are required to complete this section only if you wish to be appointed with the Insurance Company to sell variable life or variable annuities.):

CRD Number: \_\_\_\_\_

Series	Date Received	Series	Date Received

**Regulatory and Background Questions (Required)**

*Please answer the following questions on behalf of the individual or entity (partnership, corporation or LLC) applying for the contract. In the following questions "you" means the individual or entity applying for the contract. If you answer "yes" to any question, please explain.*

1. Have you ever had an insurance or securities license denied, suspended, canceled or revoked? ....  Yes  No
2. Has any regulatory or self-regulatory organization ever sanctioned, censured, penalized or otherwise disciplined you? .....  Yes  No
3. Have you ever been charged with, convicted of or pled no contest to any violation of federal or state securities, insurance or investment related laws or regulations? .....  Yes  No
4. Has a bonding or surety company ever denied, paid out on, or revoked a bond for you? .....  Yes  No
5. Have you ever been the subject of an insurance or securities-related customer complaint for action or inaction on your part? .....  Yes  No
6. Has any E&O carrier ever denied, paid claims on, or canceled your coverage? .....  Yes  No
7. Have you personally ever filed a bankruptcy petition or been declared bankrupt? .....  Yes  No
8. Do you currently have any unsatisfied judgments, liens, collection items or accounts more than 120 days late? .....  Yes  No
9. Are you indebted to any insurance company, its management, or general agent for an unpaid balance? .....  Yes  No
10. Have you ever been convicted, pled guilty or "nolo contendere" to any of the following crimes: (This includes disclosing any records which you believe have been expunged or sealed.)
  - Any felony? .....  Yes  No
  - Any misdemeanor other than a minor traffic offense? .....  Yes  No
11. Are you now subject of any complaint, investigation or proceeding which could result in a yes answer to any of the above questions? .....  Yes  No

If you answered "yes" to any of the questions above, please explain in detail. Attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Mailing Address:  
Des Moines, IA 50392-0470

**Principal Life Insurance Company** | **Consumer Report Authorization**

I understand that nothing in this application or granting of an interview is intended to or does create a contractual relationship between Principal Life Insurance Company (the "Insurance Company") or its affiliates or subsidiaries and the applicant. No promises of an offer of a marketer contract has been made to me, and I understand that no such promise is binding on the Insurance Company unless made in writing by a vice president or higher officer of the company. If the Insurance Company does enter a marketer contract with me, I understand that I will be an independent contractor and that both the Insurance Company and I may terminate my contract at any time for any reason.

I hereby authorize Principal Life Insurance Company ("Principal Life") to obtain in connection with my application for a contract and/or appointment as a marketer with Principal Life and/or as a marketer with an affiliated entity, and/or to obtain for purposes of evaluating me for promotion, reassignment, or retention as a marketer with Principal Life and/or as a marketer with an affiliated entity, a consumer report regarding my criminal record, credit history, driving record, education record, and job history, or otherwise bearing on my credit worthiness, credit standing or capacity, character, general reputation, personal characteristics, or mode of living, and may include information obtained from FINRA. I understand a Central Registration Depository (CRD) report may be ordered and reviewed. This authorization specifically includes the procurement of a consumer report in connection with my application as well as the procurement of a consumer report at any time during my tenure as a marketer with Principal Life or affiliated entity.

Any consumer report information obtained may be shared among Principal Life's affiliates in connection with hiring, appointment, promotion, reassignment, and/or retention decisions.

I also authorize the appropriate individuals, entities, companies, institutions, or agencies to disclose responsive information, and to the extent permitted by law I release them from any liability as a result of such disclosures. To the extent permitted by law, I also release Principal Life and its subsidiaries and affiliates from any liability which may result from this investigation.

To the best of my knowledge and belief, all the information which I have given to the Insurance Company in connection with this application for contracting is complete and correct. I understand that any false information in this application or other documents required by the Insurance Company may result in this application for a marketer contract being denied or the marketer contract being terminated.

I understand that a photocopy of this authorization may be accepted with the same authority as the original.

I was given (1) the Consumer Report Disclosure and (2) the Summary of Your Rights Under the Fair Credit Reporting Act before signing this document.

- FOR APPLICANTS IN CALIFORNIA ONLY:** I was also given the Additional Consumer Report Disclosure for California Applicants.
- FOR APPLICANTS IN CONNECTICUT ONLY:** I was also given the Additional Consumer Report Disclosure for Connecticut Applicants.
- FOR APPLICANTS IN MINNESOTA ONLY:** I was also given the Additional Consumer Report Disclosure for Minnesota Applicants.
- FOR APPLICANTS IN NEW YORK ONLY:** I was also given the Additional Consumer Report Disclosure for New York Applicants.
- FOR APPLICANTS IN OKLAHOMA ONLY:** I was also given the Additional Consumer Report Disclosure for Oklahoma Applicants.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Home Address (do not use P.O. Box address)

\_\_\_\_\_  
Month and Day of Birth (year)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

**Sign and return pages 1, 2 and 3. Keep pages 4, 5, 6, 7 and 8 for your records.**

*This document contains confidential information and is for internal use only. No part may be copied nor disclosed without prior consent of the Principal Financial Group®.*

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### **For Residents of California**

In connection with your application for a contract and/or appointment as a marketer with Principal Life Insurance Company ("Principal Life") and/or as a marketer with an affiliated entity, and/or for purposes of evaluating you for promotion, reassignment, or retention as a marketer with Principal Life and/or as a marketer with an affiliated entity, Principal Life may obtain credit and/or investigative consumer reports on you. Investigative consumer reports may contain information regarding your criminal record, credit history, driving record, education record, and job history, or information otherwise bearing on your credit worthiness, credit standing or capacity, character, general reputation, personal characteristics or mode of living. The credit and investigative consumer reports used by Principal Life are prepared by Business Information Group, Inc., P.O. Box 286, Marlton, NJ 08053. Business Information Group, Inc.'s telephone number is 800-260-1680.

Under section 1786.22 of the California Civil Code, California applicants or workers with a California mailing address may view and obtain a copy of the file maintained on them by an investigative consumer reporting agency – including Business Information Group, Inc. To do so, such persons must make a request to the investigative consumer agency in person, by mail, or by telephone and submit proper identification to the agency (and pay the costs of any duplication services). The agency is required to have personnel available to explain the file and any coded information within it. If a person requests their file in person, he or she may select another person to accompany them, provided that this second person also furnishes proper identification.

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### **For Residents of Connecticut**

You have a right to obtain a copy of your credit file from a credit rating agency. You may be charged a reasonable fee not exceeding five dollars for your first request in twelve months or seven dollars and fifty cents for any subsequent request in that same twelve-month period. There is no fee, however, if you have been turned down for credit, employment, insurance or a rental dwelling because of information in your credit report within the preceding sixty days. The credit rating agency must provide someone to help you interpret the information in your credit file.

In addition, beginning September 1, 2005, under the federal Fair Credit Reporting Act consumers in Connecticut will be entitled to one free report every twelve months upon request from each nationwide consumer reporting agency.

You have a right to dispute inaccurate information by contacting the credit rating agency directly. However, neither you nor any credit repair company or credit service organization has the right to have accurate, current and verifiable information removed from your credit report. Under the federal Fair Credit Reporting Act, the credit rating agency must remove accurate, negative information from your report only if it is over seven years old. Bankruptcy information can be reported for ten years.

If you have notified a credit rating agency that you dispute the accuracy of information in your file, the credit rating agency must then, within thirty days, reinvestigate and modify or remove inaccurate information. If you provide additional information to the credit rating agency, the agency may extend this time period by fifteen days. The credit rating agency shall provide you with a toll-free telephone number to use in resolving the dispute.

The credit rating agency may not charge a fee for this service. Any pertinent information and copies of all documents you have concerning an error should be given to the credit rating agency.

If reinvestigation does not resolve the dispute to your satisfaction, you may send a brief statement to the credit rating agency to keep in your file, explaining why you think the record is inaccurate. The credit rating agency must include your statement about disputed information in a report it issues about you.

You have a right to receive a record of all inquiries relating to a credit transaction initiated in twelve months preceding your request which resulted in the provision of a credit report.

You may request that the information contained in your file not be provided to a third party for marketing purposes.

If you have reviewed your credit report with the credit rating agency and are dissatisfied, you may contact the Connecticut Department of Banking. You have a right to bring civil action against anyone who knowingly or willfully misuses file data or improperly obtains access to your file.

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**For Residents of Minnesota**

In connection with your application for a contract and/or appointment as a marketer with Principal Life Insurance Company ("Principal Life") and/or as a marketer with an affiliated entity, and/or for purposes of evaluating you for promotion, reassignment, or retention as a marketer with Principal Life and/or as a marketer with an affiliated entity, Principal Life may from time to time obtain one or more consumer reports regarding your criminal record, credit history, driving record, education record, and job history, or otherwise bearing on your credit worthiness, credit standing or capacity, character, general reputation, personal characteristics or mode of living.

Under Minnesota state law, you have the right to request from the consumer reporting agency additional information on the nature of a consumer report obtained by Principal Life. If you submit a written request to the consumer reporting agency, the agency must make a complete and accurate disclosure of the nature and scope of the report. This disclosure must be in writing and must be mailed or delivered to you within the later of five days after the agency received your request or five days after the consumer report was requested.

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**For Residents of New York**

In connection with your application for a contract and/or appointment as a marketer with Principal Life Insurance Company ("Principal Life") and/or as a marketer with an affiliated entity, and/or for purposes of evaluating you for promotion, reassignment, or retention as a marketer with Principal Life and/or as a marketer with an affiliated entity, Principal Life may from time to time obtain one or more consumer reports regarding your criminal record, credit history, driving record, education record, and job history, or otherwise bearing on your credit worthiness, credit standing or capacity, character, general reputation, personal characteristics or mode of living.

You will, upon request, be informed whether or not a consumer report was requested, and if a report was requested, you will be informed of the name and address of the consumer reporting agency that furnished the report.

In addition to any consumer report obtained in connection with your application, subsequent consumer reports may be requested or utilized in connection with an update, renewal, or extension of your tenure as a marketer or for the purpose of otherwise evaluating you for promotion, reassignment, or retention as a marketer.

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**For Residents of Oklahoma**

In connection with your application for a contract and/or appointment as a marketer with Principal Life Insurance Company ("Principal Life") and/or as a marketer with an affiliated entity, and/or for purposes of evaluating you for promotion, reassignment, or retention as a marketer with Principal Life and/or as a marketer with an affiliated entity, Principal Life will from time to time obtain one or more consumer reports regarding your criminal record, credit history, driving record, education record, and job history, or otherwise bearing on your credit worthiness, credit standing or capacity, character, general reputation, personal characteristics or mode of living.



**Principal Life Insurance Company** | **Princor Financial Services Corporation** | **Group Professional Liability Coverage Authorization/Declination**  
 Mailing Address: Des Moines, IA 50392-0001

I have been informed about the Professional Liability Insurance Program sponsored by the Principal Financial Group® and Princor Financial Services Corporation.

As you begin participating in the company sponsored professional liability insurance (E & O) program, please take careful note of the "prior acts" coverage and limitations in your "Agent's Handbook for Professional Liability". If a situation arises and a claim is filed that relates to an act or alleged act that occurred before the date you enrolled in the company sponsored program, you will need to provide the E & O carrier of this program with proof you carried continuous professional liability insurance back to at least the date of the act or alleged act. It is YOUR RESPONSIBILITY to maintain your records of coverage you had before joining the company sponsored program.

Check ( ✓ ) one of the three boxes below and complete the balance of this form.

For DD 712 Part Time Agent's Contract, DD 713 Career Agent's Contract, DD 714 Brokerage General Agency Personal Production Contract, DD 723 Retired Career Agent's Contract, DD 729 Broker's Contract, I accept coverage under this plan and authorize the Company to deduct from my semi-monthly agent's statement (or manager's end-of-month check, BGA's mid-month check) the amount required to be paid. The Company will give prior notice of any change in costs. **I understand that coverage becomes effective on the effective date of my DD 712, DD 713, DD 714, DD 723, or DD 729 Contract.**

For DD 715 Broker's Contract, DD 727 Special Marketing Contract, DD 728 Broker's Contract, DD 729 Broker's Contract, Princor Brokerage Reps, and Pension Brokers – Registered with Princor. **I agree to contact Cal-Surance at 1-800-745-7189 within 7 days of the date signed to request an E & O enrollment packet. I understand that failure to obtain coverage may result in termination of my brokerage contract and/or Princor registration.**

I decline coverage because I am insured by \_\_\_\_\_

My limits are \$ \_\_\_\_\_ per claim and \$ \_\_\_\_\_

annual aggregate. The expiration date of the policy is \_\_\_\_\_ .

**A copy of a certificate of coverage for my other coverage is being forwarded to Marketer Services today.**

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Management Title (if applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Agency/BGA/Princor Brokerage Rep Office

\_\_\_\_\_  
Agency No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date MM/DD/YYYY



Mailing Address:  
Des Moines, IA 50392-0001

Principal Life  
Insurance Company

Commission  
Assignment

\_\_\_\_\_ Assigns and transfers to  
("Assignor")  
\_\_\_\_\_, all right, title and interest in and to all  
("Assignee")  
first year and renewal commissions and other compensation which accrue to the Assignor with respect to  
commissions earned under a \_\_\_\_\_, effective \_\_\_\_\_,  
and entered into between Assignor and Principal Life Insurance Company, ("Company").

This Assignment is made for the purpose of vesting in the Assignee absolute title to said commissions. Notwithstanding this Assignment, the Company, its successors and assigns, has the right to offset against Assignor's commissions, any indebtedness of the Assignor which the Company, its successors and assigns, would have been authorized to deduct from or offset against if this assignment had not been made.

The Company, its successors and assigns, is authorized and directed to pay any and all assigned commissions directly to the Assignee.

The Company, its successors and assigns, may rely upon any receipt, release or waiver or any transfer or other instrument executed by the Assignee alone, purporting to affect this Assignment or any rights hereunder.

Executed \_\_\_\_\_ By \_\_\_\_\_  
Date MM/DD/YYYY Assignor

**Assignee Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Tax ID # \_\_\_\_\_

**Commission Assignment Acknowledged (TO BE COMPLETED BY HOME OFFICE ONLY)**

We are honoring this assignment as a service to you. You need to be aware the enforceability of this agreement in a court of law is between you and the party to whom commissions have been assigned. Principal Life Insurance Company, therefore, assumes no responsibility for the validity or effect of any such assignment.

\_\_\_\_\_  
Signature Date MM/DD/YYYY

After completing this form make two copies. Send original and two copies to Marketer Services.



Mailing Address: Principal Life Insurance Company | Broker's Contract DD 715
Des Moines, IA 50392-0001

This Contract for Principal Life Insurance Company with \_\_\_\_\_ of \_\_\_\_\_ (Broker's Name)

\_\_\_\_\_, \_\_\_\_\_, for the policy (Resident City) (Resident State)

applications written by you through the \_\_\_\_\_ Agency, is effective (Office affiliation name and number)

\_\_\_\_\_, and is subject to the following terms and conditions. (completed by home office)

CONTRACT LANGUAGE

- a. Throughout this contract, the terms "we," "our," "us," and "company" mean Principal Life Insurance Company. The terms "you" and "your" mean the person signing this contract.
b. "Calendar year" is a period beginning January first and ending December thirty-first.
c. "Commission" means first year commission, renewal commission, service fee, and bonuses identified in the commission schedule.
d. "Commission schedule" means the commission schedule in effect at the time you sell a policy or an addition to a policy.
e. "Policy" means any insurance policy or annuity contract included in the commission schedule.
f. "Policy year" is a period of one year beginning with the policy date (except as modified in the policy).
g. "Premium" means the payment amount to us stated or defined in a policy.
c. Qualify for and obtain any licenses and bonds as required by us or the law, provide us with evidence of such licenses and bonds, and inform us of any changes in writing.
d. Limit solicitation of applications for our policies to states in which you are licensed and appointed to by us.
e. Deliver promptly all money you receive on behalf of us, an applicant, a policyowner, or a beneficiary. You hold all moneys in trust until delivery.
f. Return any policies to us that we request, or that are not delivered within the time allowed. You will be asked to give an account for these policies.
g. Help keep our policies in force.
h. Return all moneys and other property of ours to us on demand or if this contract terminates.
i. Refrain from interfering with any other producer's relationship with us.
j. Comply with our instructions regarding the marketing and servicing of policies.
k. Provide assistance in resolving customer complaints as requested.
l. Maintain professional errors and omissions insurance to cover your proposed activities pursuant to this contract.

RELATIONSHIP

Under this contract:

- a. Your relationship with us is that of an independent contractor, not an employee.
b. You will be free to exercise your own reasonable judgment in marketing our policies, including the choice of time, place and manner of sale, but you are to conform to all of our rules, requirements and instructions not inconsistent with this relationship.
c. We reserve the right to revoke your authority to sell any product or product line at any time, upon notice to you.

DUTIES AND RESPONSIBILITIES

Under this contract:

- a. Conform to and comply with all laws pertaining to insurance and insurance brokers and agents.
b. Conform to and comply with all of our policies and procedures regarding the marketing of our policies.

LIMITATIONS

Your authority will extend no further than is stated in this contract, including, without limitation, the following:

- a. Incur any liability or debt against us.
b. Accept risks of any kind, determine insurability, or bind us in any way.
c. Promise the reinstatement of policies.
d. Make, change, or discharge any contract.
e. Allow more time for paying a premium or waive any premium payment.
f. Accept premium payments other than the first payment, except with our written approval.
g. Give credit to applicants.
h. Initiate legal proceedings or actions in insurance departments and other administrative agencies in our name.

- 
- i. Waive any provision of any policy, or waive any of our rights relating to policies, including, but not limited to, the right to correct and complete information on applications.
  - j. Use any sales material, software, sales concepts, supplies or advertising other than supplied or approved by us, except with our written approval.
  - k. Use your own personal or business checks or funds for the payment of an applicant's or policyowner's premiums.
  - l. Pay, allow or offer any rebate.
  - m. You may not use the Company's name in connection with any bank account or account with any other financial institution.

#### COMMISSIONS WHILE UNDER CONTRACT

- a. Commissions will be based on the gross premiums we receive from the policyowner. However, we will not advance commissions on future premium deposits.
- b. We will pay you commissions on policies sold according to the commission schedule and your financing plan, if any.
- c. We may, by written announcement or notice, change the commission schedule. However, this would not affect commissions payable on policies applied for before the new schedule became effective, unless required by law.

#### COMMISSIONS AFTER TERMINATION

- a. If your contract terminated for reasons other than any of the reasons in Part b of this section, you will receive the following commissions:
  - 1. First year commissions not yet paid on deferred first year premiums.
  - 2. Renewal commissions as stated in your commission schedule.
  - 3. Persistency-Production Bonuses as described in the commission schedule, only if your contract terminated by your death or because this contract is replaced by another producer contract with us.
- b. Future commissions (first year and renewal) will not be paid if we reasonably believe you have committed or caused to be committed any fraudulent, dishonest or illegal act arising out of or connected with our business or otherwise acted in violation of your contract or company policy.
- c. We may commute renewal commissions and pay in a lump sum after this contract has been terminated for at least two years.

#### PRIOR CONTRACT

Any prior or existing contracts, whether oral or written, and any such amendments that you have with us are terminated as of the date immediately before the effective date of this contract. Your rights to receive commissions and service fees earned on any business issued under a previous contract will continue to be paid in accordance with its terms and commission schedule(s).

#### COMPLIANCE

Any lenience in enforcing strict compliance with contract provisions or forbearance by us in enforcing them will not be interpreted as a present waiver of those provisions nor as a waiver of our rights to enforce the same in the future.

#### INDEBTEDNESS

Indebtedness means any debt, liability, or debit balance resulting from our reversal of commissions incurred under any contract you have had with us. It also means any amount paid by us to settle a complaint or satisfy any judgment entered by any court, administrative agency or arbitrator related to any policy sold by you, or breach of your duties and responsibilities contained in this contract, whether or not the liability for settlement or satisfaction of judgment arose after the termination of this contract. We may offset any amount you owe us, or any of our subsidiaries or affiliates, against any amounts we owe you. We reserve the right to use any remedies under the law to collect any debt you owe us and you agree to pay any reasonable attorney's fees and actual costs of collection incurred as a result of such action.

#### ASSIGNMENT

This contract is not assignable. Except as provided under "Indebtedness," no commissions payable under this contract may be transferred, assigned or made payable to anyone other than you without our written consent.

#### CONFIDENTIAL INFORMATION

**Confidentiality.** You acknowledge that, in the course of performing your duties under this agreement or otherwise, you may receive or learn information about individuals who have applied for or purchased financial products or financial services from us, including, but not limited to, personal, financial and/or health information ("Confidential Information"). You agree to keep all confidential information strictly confidential; and, that you will not use or disclose to any affiliate or third party, either orally or in writing, any confidential information for any purpose other than the purpose for which the confidential information was provided to you. Without limiting any of the foregoing, you agree to take all precautions that are reasonably necessary to protect the security of the confidential information. You agree to restrict access to the confidential information to those employees who need to know that information to perform your duties under this agreement. You further agree that, upon our request you will return to us all tangible items containing any confidential information you received or learned from us, including all copies, abstractions and compilations thereof, without retaining any copies of the items required to be returned. This provision does not apply to confidential information provided to you by the customer. The obligations of this paragraph extend to all of your employees, agents, affiliates and contractors and you shall inform such persons of their obligations hereunder.

**Notification obligation.** Upon learning of any unauthorized disclosure or use of any confidential information, you shall notify us promptly and cooperate fully with us to protect such confidential information.

**Disclosure required by law.** If you believe it is required by law or by a subpoena or court order to disclose any confidential information, then you, prior to any disclosure, shall promptly notify us in writing attaching a copy of the subpoena, court order or other demand and shall make all reasonable efforts to allow us an opportunity to seek a protective order or other judicial relief. This provision does not apply to audits and inquiries from state or federal regulatory agencies if you are legally required to provide them with access to your records.

**Compliance with law.** In connection with your performance under this agreement, you agree to comply with all applicable laws, including but not limited to laws protecting the privacy of non-public personal information about individuals.

**Survival.** The provisions of this agreement relating to confidentiality shall survive termination or expiration of this agreement.

**GOVERNING LAW**

This is an Iowa contract and will be construed in accordance with the laws of the state of Iowa.

**TERMINATION**

- a. We or you can terminate this contract at any time for any reason. Notice of termination must be in writing and specify the date of termination. Notice will be effective on the earlier of mailing to the addressee's last known address or delivery to the addressee.
- b. We may terminate your contract without giving prior written notice if we reasonably believe that you have committed any fraudulent, dishonest or illegal act arising out of or related to this contract or to our business or violated any provision of this contract or company policy, and the date of such termination shall coincide with the date of the violation or act giving rise to termination.

- c. The contract will terminate immediately in the event of expiration, cancellation or revocation of your license to sell insurance or your death.

**ENTIRE AGREEMENT**

This contract, including the relevant commission schedule(s), represents the entire contract between you and us. No promise, agreement, understanding or representation will be binding on us unless it is made in this contract, or by a written instrument signed by you and a vice president or higher officer level of the Company except as provided herein.

By signing below, I am indicating that I have read, understand, and agree to the terms and conditions of this contract.

Principal Life Insurance Company



Vice President – Proprietary Distribution

\_\_\_\_\_  
Broker

Countersigned for Principal Life Insurance Company

By \_\_\_\_\_  
Not effective unless countersigned

\_\_\_\_\_  
Date MM/DD/YYYY

After completing this form, make a copy. Send original and copy to Marketer Services.



Mailing Address: | **Principal Life** | **Notification Of**  
Des Moines, IA 50392-0470 | **Insurance Company** | **Background Investigation**

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## CONSUMER REPORT DISCLOSURE

In connection with your application for a contract and/or appointment as a marketer with Principal Life Insurance Company ("Principal Life") and/or as a marketer with an affiliated entity, and/or for purposes of evaluating you for promotion, reassignment, or retention as a marketer with Principal Life and/or as a marketer with an affiliated entity, Principal Life may from time to time obtain one or more consumer reports regarding your criminal record, credit history, driving record, education record, and job history, or otherwise bearing on your credit worthiness, credit standing or capacity, character, general reputation, personal characteristics or mode of living. The National Insurance Producer Registry (NIPR) and FINRA's Central Registration Depository (CRD). Please sign the Consumer Report Authorization if you are willing to authorize us to obtain such a report.

NOTE: You will be provided a copy of your consumer report if adverse action against you is contemplated in whole or in part because of what is contained in the report.

Mailing Address:  
Des Moines, IA 50392-0470

Principal Life  
Insurance Company

**Summary of Your Rights  
Under The Fair Credit  
Reporting Act**

**Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

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- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>Type of Business:</b>	<b>Contact:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

**Business Information Group  
Attn: Consumer Disclosure  
P.O. Box 286, Marlton, NJ 08053  
Toll-free phone – 800-260-1680**

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# For "FLORIDA" Appointments ONLY

## FLORIDA APPOINTMENT REQUEST FORM

1. Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime involving moral turpitude since qualifying for this appointment? \_\_\_\_ Yes \_\_\_\_ No

(If 'yes', attach a separate document describing the circumstances related to this question.)

2. Are you employed by or associated with to any degree, directly or indirectly, a financial institution? (Financial institution means any bank, bank holding company, savings and loan association, savings and loan association holding company, or savings and loan association service corporation or any subsidiary, affiliate, or foundation of any of the foregoing.

\_\_\_\_ Yes \_\_\_\_ No

(If 'yes', attach a separate document describing the circumstances related to this question.)

\_\_\_\_\_  
Date of Birth

X

\_\_\_\_\_  
Signature of Agent

NONRESIDENT ONLY – Which Counties will business be submitted?

<input type="checkbox"/> Dade	<input type="checkbox"/> Manatee	<input type="checkbox"/> Columbia	<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Okeechobee
<input type="checkbox"/> Duval	<input type="checkbox"/> Sarasota	<input type="checkbox"/> Hardee	<input type="checkbox"/> Sumter	<input type="checkbox"/> Calhoun
<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Seminole	<input type="checkbox"/> Suwanee	<input type="checkbox"/> Bradford	<input type="checkbox"/> Franklin
<input type="checkbox"/> Pinellas	<input type="checkbox"/> Lee	<input type="checkbox"/> Indian River	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Glades
<input type="checkbox"/> Polk	<input type="checkbox"/> Brevard	<input type="checkbox"/> Santa Rosa	<input type="checkbox"/> Citrus	<input type="checkbox"/> Flagler
<input type="checkbox"/> Palm Beach	<input type="checkbox"/> St. Johns	<input type="checkbox"/> De Soto	<input type="checkbox"/> Clay	<input type="checkbox"/> Lafayette
<input type="checkbox"/> Orange	<input type="checkbox"/> Gadsden	<input type="checkbox"/> Madison	<input type="checkbox"/> Hendry	<input type="checkbox"/> Union
<input type="checkbox"/> Volusia	<input type="checkbox"/> Putnam	<input type="checkbox"/> Walton	<input type="checkbox"/> Washington	<input type="checkbox"/> Collier
<input type="checkbox"/> Escambia	<input type="checkbox"/> Bay	<input type="checkbox"/> Taylor	<input type="checkbox"/> Holmes	<input type="checkbox"/> Wakulla
<input type="checkbox"/> Broward	<input type="checkbox"/> St. Lucie	<input type="checkbox"/> Monroe	<input type="checkbox"/> Baker	<input type="checkbox"/> Gulf
<input type="checkbox"/> Alachua	<input type="checkbox"/> Jackson	<input type="checkbox"/> Levy	<input type="checkbox"/> Charlotte	<input type="checkbox"/> Liberty
<input type="checkbox"/> Lake	<input type="checkbox"/> Osceola	<input type="checkbox"/> Hernando	<input type="checkbox"/> Dixie	
<input type="checkbox"/> Leon	<input type="checkbox"/> Highlands	<input type="checkbox"/> Nassau	<input type="checkbox"/> Gilchrist	
<input type="checkbox"/> Marion	<input type="checkbox"/> Pasco	<input type="checkbox"/> Martin	<input type="checkbox"/> Hamilton	<input type="checkbox"/> All Counties

Please attach a copy of the Agent's Florida license.