



Principal Life Insurance Company

P.O. Box 14455
Des Moines, IA 50306-0431

**Authorization For Withdrawals
and/or Electronic Fund
Transfers (IDI New Issue
Policies only)**

FOR INDIVIDUAL DISABILITY INSURANCE NEW ISSUE POLICIES ONLY

| | | |
|-----------------------------|-----------------|----------------------------|
| Field Office Name | Producer's Name | Proposed Insured Name |
| Policy Number(s) (if known) | | Proposed Policy Owner Name |

Instructions

1. Read and complete this form. Please print legibly.
2. To identify your account, please identify the routing transit number and account number from your check (**not a deposit slip**) as instructed below. The illustration below shows how to locate these numbers on your check. **Alternatively, you may attach a copy of a voided check (not a deposit slip) over this area.**
3. **NOTE:** Money market checks or credit card "Cash Transfer" checks **cannot** be used for this authorization.

IMPORTANT - PLEASE READ CAREFULLY: You must select one or more options as applicable below.

Please note: If premium mode is monthly, box 3 should always be checked in addition to option 1 or 2 if applicable.

1. **Draw Initial Premium Immediately When Application Received: One Time Draft Authorization (Initial Premium Draw Only) for annual, semi-annual, quarterly, or monthly mode to be withdrawn immediately.** I understand that this draft will occur immediately when Principal Life Insurance Company ("the Company") receives this form for a one time draft of initial premium for any mode of payment. The withdraw amount will be the premium amount to match the coverage applied for on the application. All fields on the form must be completed and legible. In addition, this authorization is valid to withdraw any shortage on my initial premium mode which is necessary to place the policy inforce at delivery once all fully completed delivery requirements are received by the Company. The draft(s) request to the financial institution must be honored on first presentment.
2. **Cash On Delivery of Policy (COD): One Time Draft Authorization (Initial Premium Only) for annual, semi-annual, quarterly, or monthly mode only when receipt of all required fully completed Delivery Requirements are received by the Company.** If a policy(ies) is issued, the withdraw amount will be the amount shown on the current data pages. The draft request to the financial institution must be honored on first presentment.
3. **Monthly Recurring Premiums Only:** I authorize the Company to debit my account as needed to pay future premiums from the account information listed below. If a policy(ies) is issued, the withdraw amount will be the amount shown on the current data pages. I understand while premiums are paid under this plan; premium notices will not be mailed.

Sample Check

Complete Your Bank Information Here

JOHN OR JANE DOE

A) ACH Routing Number

B) Bank Routing Number 0123 (Check No.)

Date _____

Pay to the order of _____ \$ _____ Dollars

C) Account Number

ACH R/T 012345678

Memo : 012345678 : 0000012345678" 0123 (Check No.)

A) ACH Routing Number (only if listed on your check)

B) Bank Routing Number (this number is the first 9 numbers and please do not include any alpha or special characters)

C) Account Number (include all preceding zeros on your account number)

Type of Account

- Checking**
- Savings** – (A statement or letter from the bank is required authorizing the draft from a savings account. The account and routing number must be referenced.)

I authorize the financial institution named below to honor withdrawals and/or electronic fund transfers by the Company. I understand if the withdrawal requests are dishonored by the Financial Institution, whether with or without cause, that the Company shall be under no liability. This authorization will remain in effect until cancelled either by myself, the Company, or the financial institution named below. Any applicable refunds will be refunded back to the premium payer in the form of a check.

Name of Financial Institution _____

Bank Account Holder's Name _____ Joint Bank Account Holder's Name _____

X _____
Signature of Bank Account Holder Date MM/DD/YYYY

X _____
Signature of Joint Bank Account Holder Date MM/DD/YYYY

DD 9077-01

Insurance products from the Principal Financial Group® (The Principal®) are issued by Principal Life Insurance Company.