

Broker of record change  
request group benefits

Principal Life Insurance Company  
Principal National Life Insurance Company  
Principal Securities, Inc.  
Members of Principal Financial Group®



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Please complete the following information to change the financial professional and/or firm. **Please print legibly and return both pages of the form.**

## 1. Contract policy information

Contract policy name:

Name

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Contract policy number(s) (Typically 7 digits) Please attach list if more than three policies:

**Note:** Effective date will be the first day of the month following the received date, unless a future date is specified.

Optional future effective date: (mm/dd/yyyy) \_\_\_\_\_

## 2. Signature

Authorized signature of policy owner.

Date (mm/dd/yyyy):

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
/ /

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

### 3. New Broker of Record information

Complete the following for the new financial professional:

Full name of the servicing agent:

First name                      Middle initial    Last name                                      Email address: (required)

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SSN (Last four digits required):                      Payee statement code(s) with Principal:                                      Percentage:

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Firm affiliation (if commissions paid to the firm):                      Tax ID:

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### 4. New Broker of Record information (only needed if more than one broker)

Complete the following for the new financial professional:

Full name of the servicing agent:

First name                      Middle initial    Last name                                      Email address: (required)

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SSN (Last four digits required):                      Payee statement code(s) with Principal:                                      Percentage:

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Firm affiliation (if commissions paid to the firm):                      Tax ID:

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### 5. General agent:

Firm affiliation, if paying to agency (if applicable):                      Tax ID:                      Payee statement code(s) with Principal:

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#### Note:

- Please note this form must be filled out in it's entirety.
- Financial Professionals: to expedite your request, ensure the proper state license and appointments are active.

**Please send this completed form to your local field office.**

**Questions**  
Marketer Services  
800-388-4793