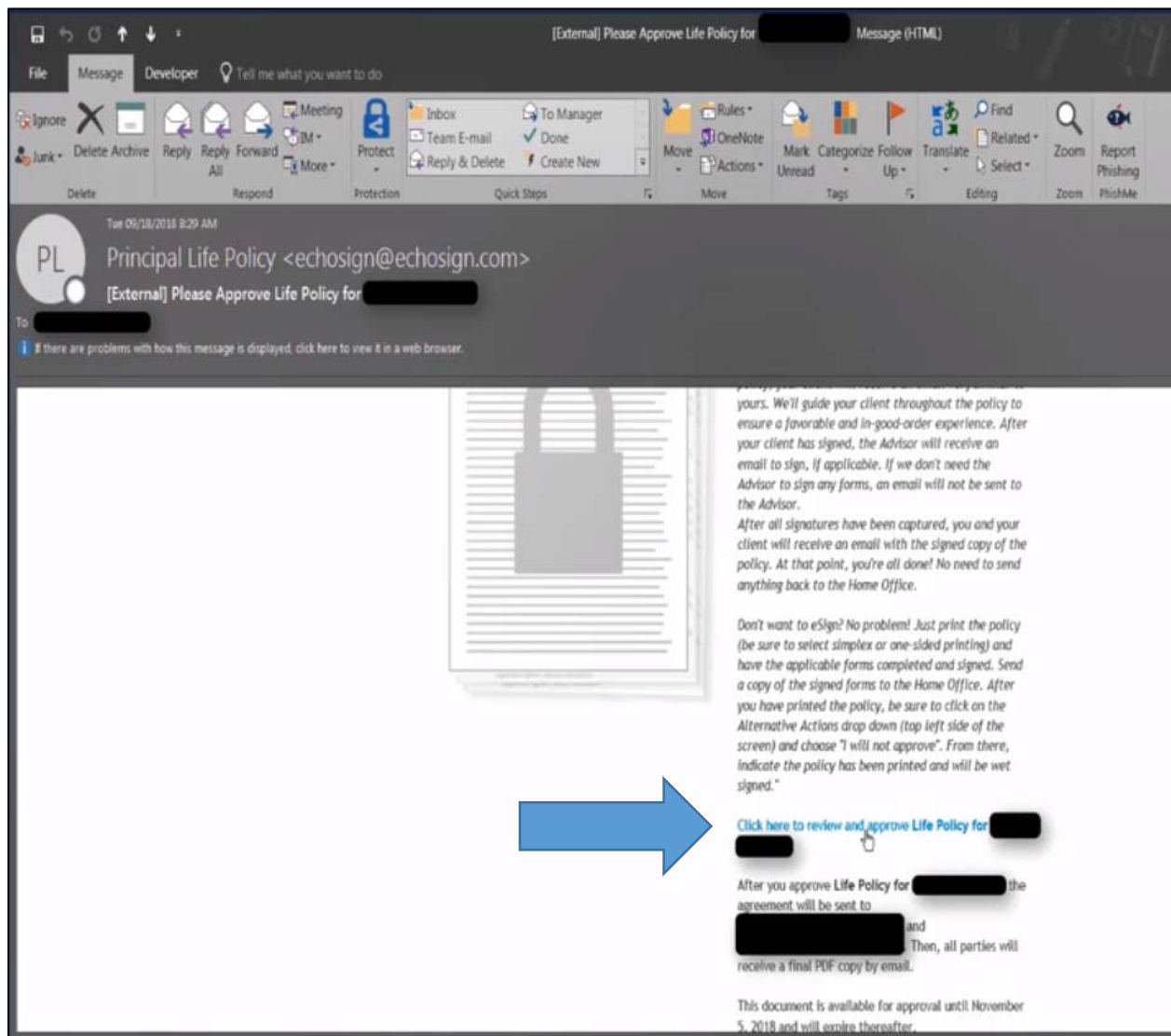


Principal eDelivery Process

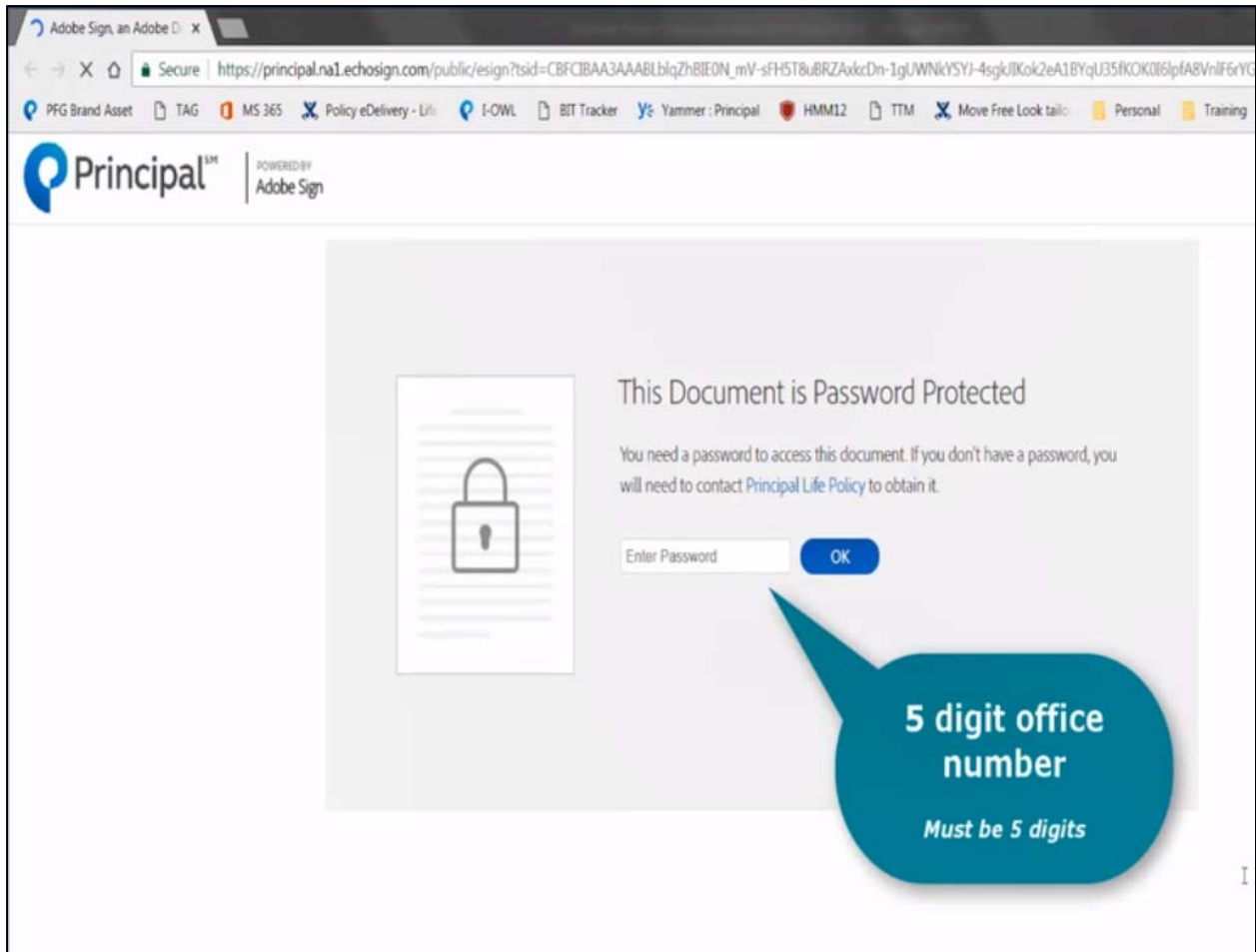
All term policies will default to eDelivery for Principal (except in NY) for those applicants with a valid email address. Case manager, insured or advisor may opt out at any time.

BGA Process

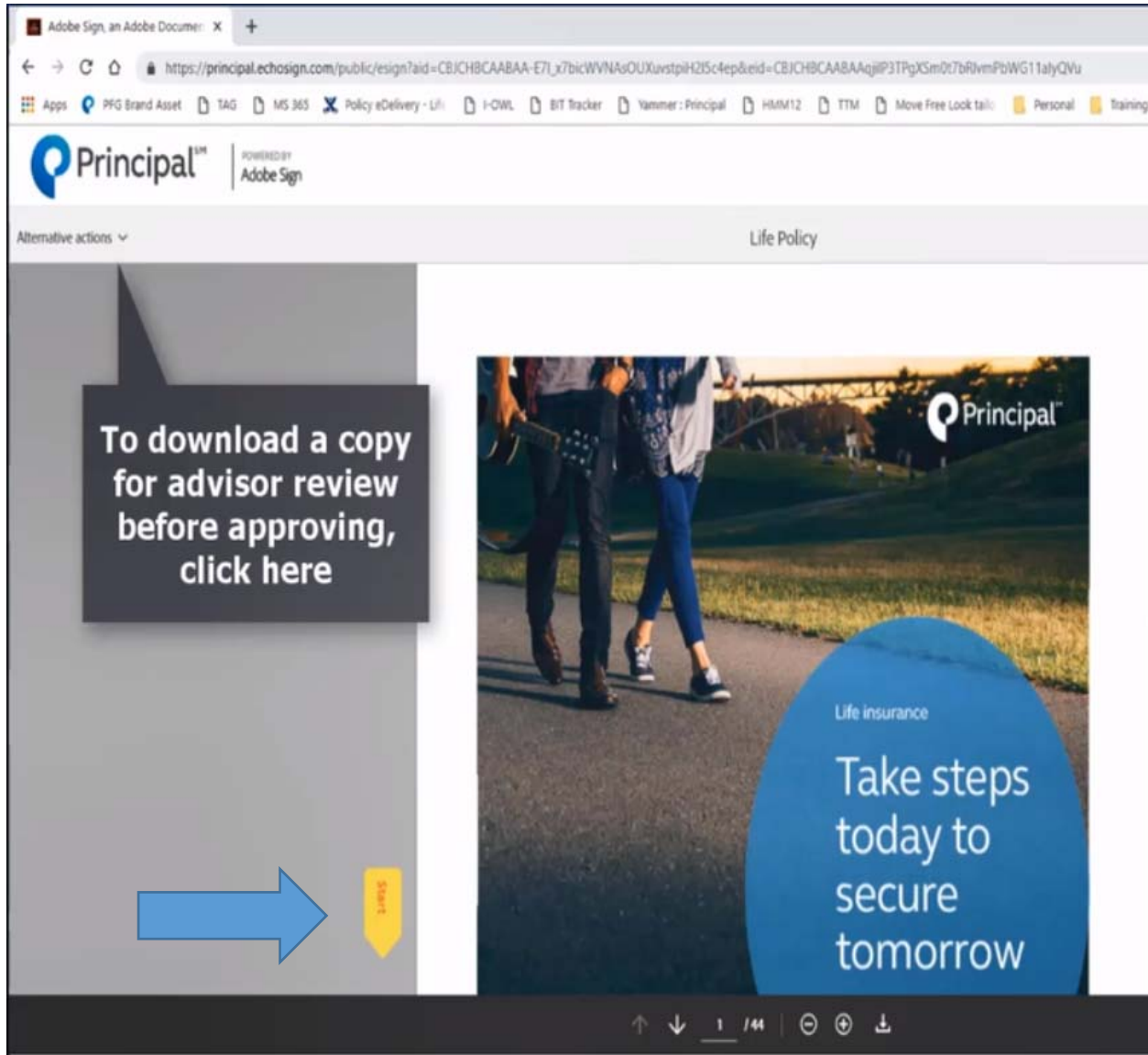
- Home office will issue ePolicy
- Case manager will receive to review and approve
 - Click to review/approve policy



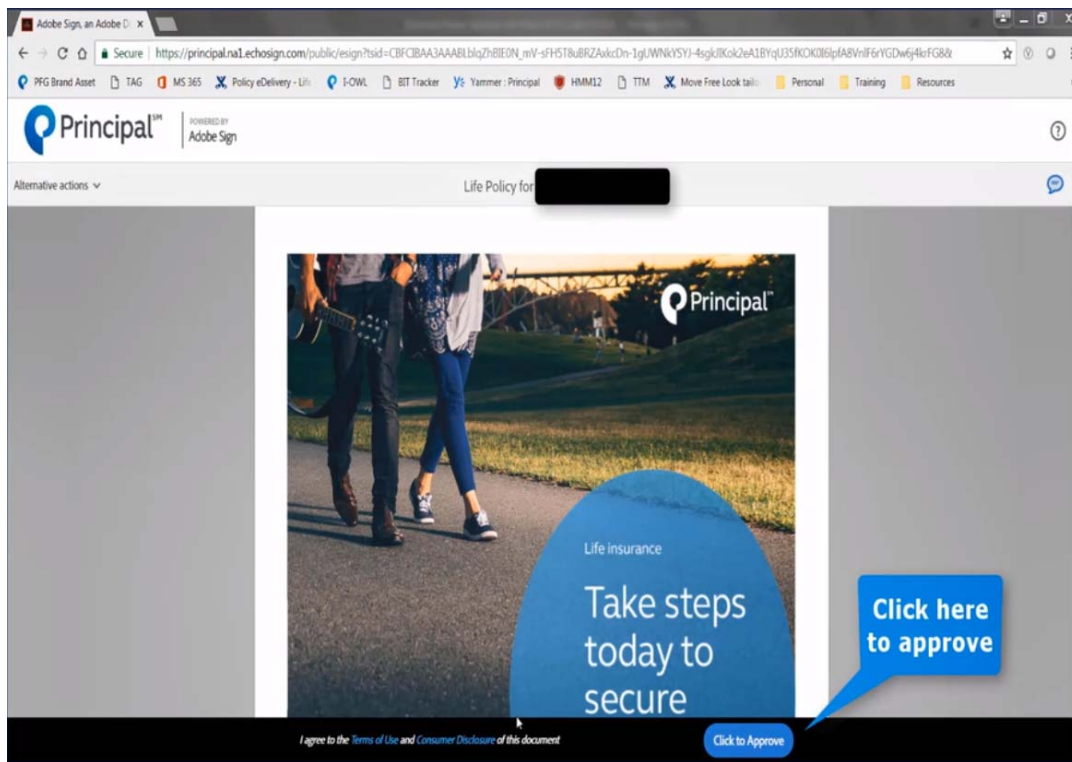
- Enter in 5-digit office code
 - Ash - 00230
 - Mass - 01911



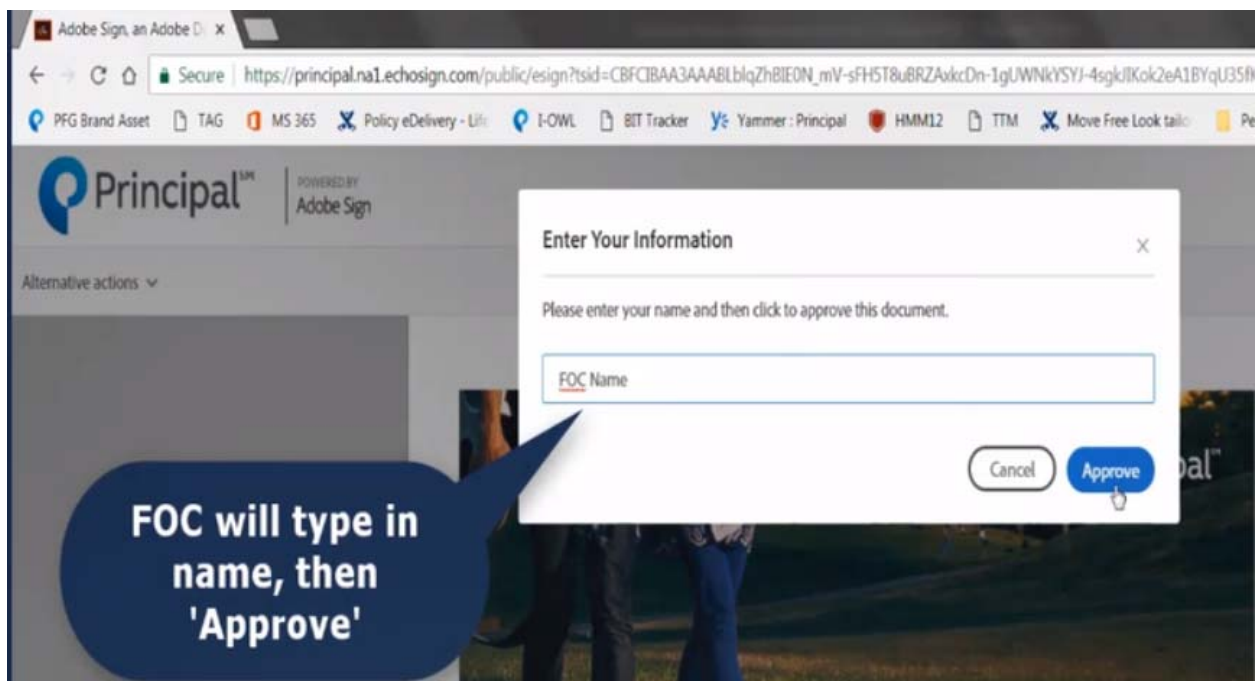
- Review policy, you may download a copy for advisor review before approving.
 - NOTE: Policy will release to insured, please make sure it is discussed with agent before releasing.
- Click Start to scroll through policy



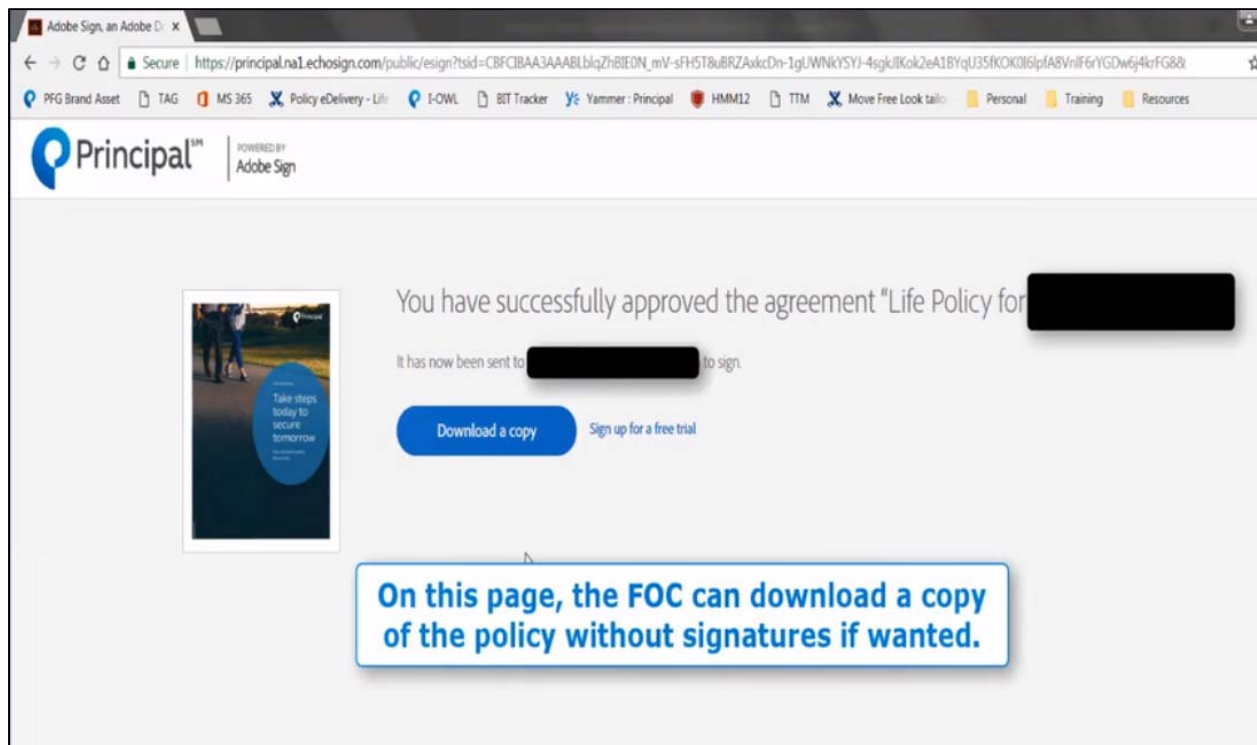
- Click to approve



- Enter in name of person approving policy to be released and click approve

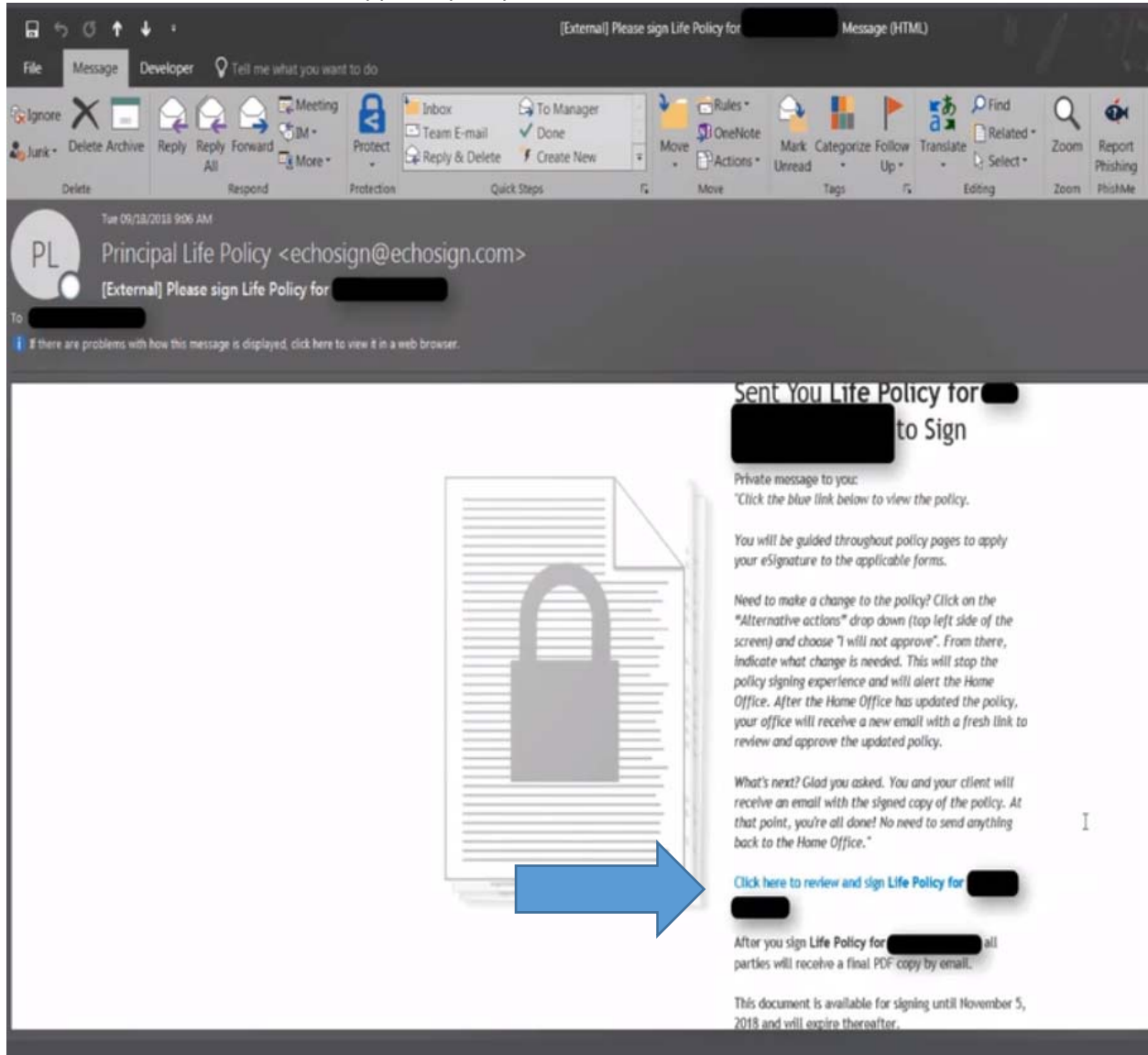


- Policy has been released to insured and copy of policy without signatures is now available to download/print/save.

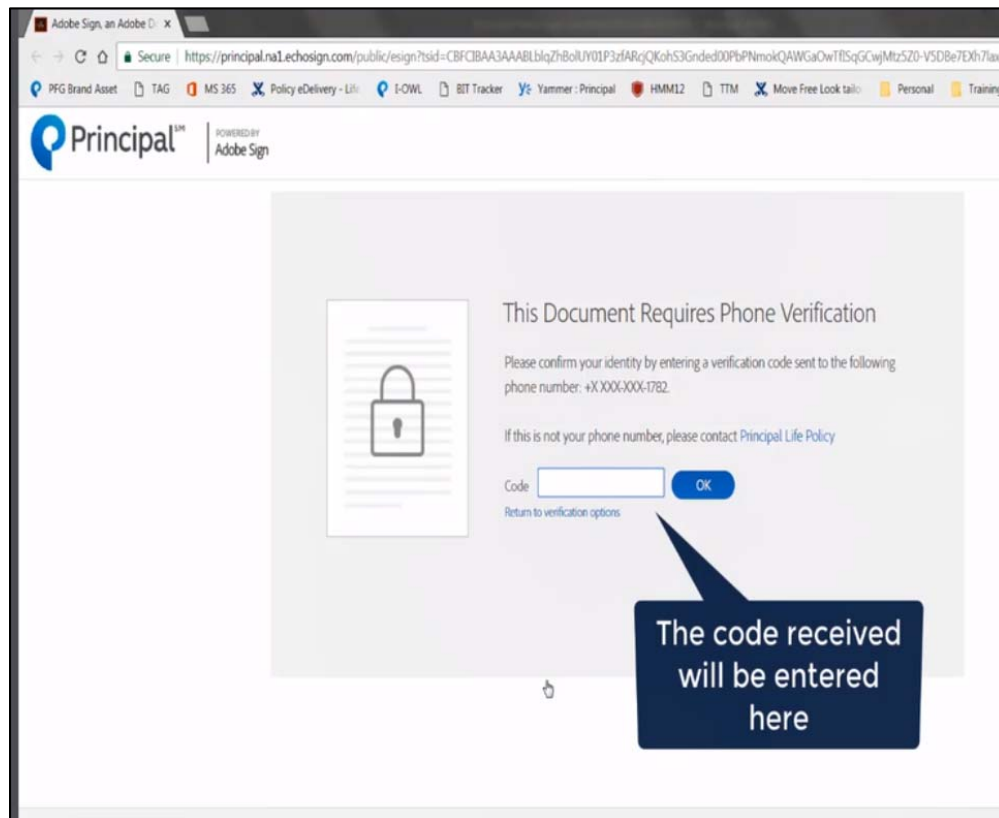
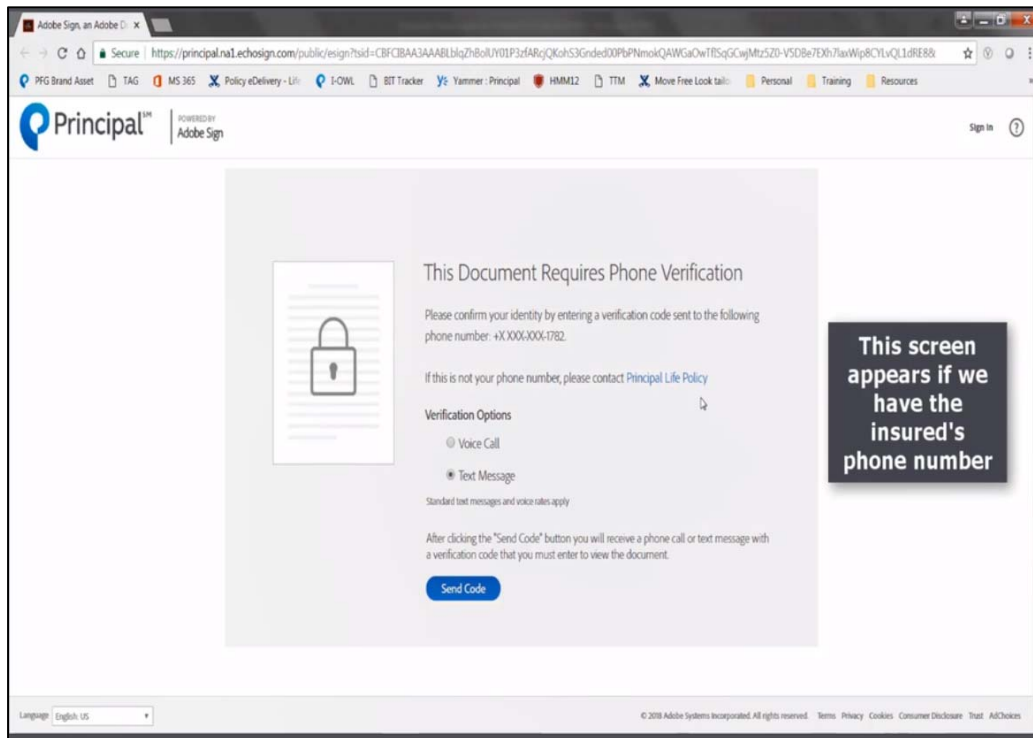


Insured Process

- Insured will receive email to review and approve policy once released from Ash
 - Click to review/approve policy



- Insured to request code by voice call or text message



- After successful code is entered, insured will click “Start” to scroll and review the policy and forms to eSign.

Adobe Sign, an Adobe Document

https://principal.echosign.com/public/esign?aid=CBJCH9CAABAA-E7Lx7bicWVNA5OUXuvstpiH25c4ep&eid=CBJCH9CAABAAqjIP3TPgXSm0t7bRlvmPbWG11alyQVv

Apps PFG Brand Asset TAG MS 365 Policy eDelivery - Uli I-OWL BIT Tracker Yammer - Principal HMM12 TTM Move Free Look tal: Personal Training

Principal™ POWERED BY Adobe Sign

Alternative actions ▾ Life Policy

Your electronic funds transfer payments in the amount of \$57.53 will draw from your bank account monthly on the same day as your policy date. This amount pertains only to this policy. Your total withdrawal amount will be greater if additional policies are included on the Electronic Funds Transfer Payment Plan.

If you have questions about your insurance coverage, please contact your financial representative or call our office at the toll free number listed below. You are a valued customer and we thank you for choosing the Principal for your insurance needs.

Sincerely,

Life New Business
Individual Life Division
1-800-247-9988

Your financial representative: [REDACTED]

Home Office: 711 High Street, PO Box 19421, Des Moines, Iowa 50396-8421
www.ashbros.com

Start

2 / 44

- Insured will be taken to any questions that need answered and allow details when needed

The screenshot shows a web browser window displaying a Principal Life Policy Supplemental Statement form. The browser's address bar shows the URL: https://principal.echosign.com/public/esign?aid=CBJCHBCAABAA-E71_x7bicWVNAsoUXuvstpiH2ISc4ep&eid=CBJCHBCAABAAqjIP3TPgXSmt0t7bR0vmPbWG11alyQWu. The browser's taskbar shows several open applications, including 'Policy eDelivery - Lif...', 'I-OWL', 'BIT Tracker', 'Yammer : Principal', 'HMM12', 'TTM', and 'Move Free Look tail:'. The Principal logo and 'POWERED BY Adobe Sign' are visible at the top of the page. The page title is 'Life Policy'. The form itself is titled 'Supplemental Statement' and includes the Principal Life Insurance Company logo and address: 'Principal Life Insurance Company, Principal National Life Insurance Company, Members of Principal Financial Group®, P.O. Box 10431, Des Moines, IA 50306-0431'. A disclaimer states: 'Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".' The form contains several fields: 'Name', 'Date of Birth', 'Date Application Signed', and 'File Number(s)'. Below these are three numbered questions with 'Yes' and 'No' radio button options. Question 1 asks if the insured has consulted or been treated by a medical professional for an illness or injury since the date of application. Question 2 asks if the insured has changed jobs or employment since the date of application, or if they intend to change jobs or employment within the next 6 months. Question 3 asks if the insured has applied for other life, disability or health insurance since the date of application. A callout box on the left side of the form contains the text: 'Insured will be taken to questions that need answers'. A yellow arrow labeled 'Next' points from the callout box to the form. At the bottom of the page, there are navigation arrows and a page number '18 / 44'.

- Insured will type name and then “Apply”

PrincipalSM POWERED BY Adobe Sign

Alternative actions ▾

Type Draw Image Mobile

Sign

Sally Test

Clear

Close Apply

I represent that all statements recorded above are true and complete to the best of my knowledge and belief and were directly recorded before I signed my name below. I understand and agree that these statements will become part of my application and any policy issued on it.

Signature of Proposed Insured (If over 18, or next of kin)
X Click here to sign

Signature of Parent (If Proposed Insured is under age 18)
X

Date: Oct 15, 2018

Signature of Licensed Agent/Broker/Representative
X Click here to sign

License Number

ICC17 AA 3443 N-1 (03/17) Page 1 of 1

This completed document is for restricted use only. No part may be copied nor disclosed without prior consent of The Principal.

Saved

- Click “Next” to advance

The screenshot shows a web browser window displaying a Principal Life Policy application form. The browser's address bar shows the URL: https://principal.echosign.com/public/esign?aid=CBJCHBCAABAA-E7I_x7bicWVYNAsOUXuvstpiH2ISc4ep&eid=CBJCHBCAABAAqjilP3TPgXSm0t7bR9vmPbWG11alyC. The browser's tab is titled "Adobe Sign, an Adobe Document".

The Principal logo is visible at the top left, with the text "POWERED BY Adobe Sign" to its right. Below the logo, there is a section for "Alternative actions" and a "Life Policy" title. The form contains several questions:

- Question 1: "Have you consulted or been treated by a member of the medical profession for an illness or injury since the date of application? If yes, provide details." (The "Yes" radio button is selected.)
- Question 2: "(Disability insurance only) Have you changed jobs or employment since the date of application, or do you intend to change jobs or employment within the next 9 months? If yes, provide details." (The "No" radio button is selected.)
- Question 3: "Have you applied for other life, disability or health insurance since the date of application? If yes, please provide details including carrier name, amount applied for, action taken, and the intent of the coverage that was applied for with the other carrier." (The "Yes" radio button is selected.)

At the bottom of the form, there is a declaration: "I represent that all statements recorded above are true and complete to the best of my knowledge and belief and were correctly recorded before I signed my name below. I understand and agree that these statements will become part of my application and any policy issued on it." Below this, there are fields for "Signature of Proposed Insured (if age 18 or older)", "Signature of Parent (if Proposed Insured is under age 18)", and "Signature of Licensed Agent/Broker/Representative". A "Next" button is highlighted with a yellow arrow and a mouse cursor. A large blue arrow with the text "Click next to advance" points towards the "Next" button.

The footer of the document includes the text "IC17 AA 343 In-1 (03/17)" and "Page 1 of 1".

- Click name to apply signature

Adobe Sign, an Adobe Document X +

https://principal.echosign.com/public/esign7aid=CBJCHBCAABAA-E7Lx7bcWVNaOUxvstpiHZ5c4ep&eid=CBJCHBCAABAAeqjP3TPgXSm0t7bRvMpbWG11alyQWu

Principal™ POWERED BY Adobe Sign

Alternative actions ▾ Life Policy

PART D - AGREEMENT/ACKNOWLEDGMENT OF DELIVERY

AGREEMENT/ACKNOWLEDGMENT OF DELIVERY: I have read all the conditions and amounts contained herein for application process, including Part B on the primary Proposed Insured. I represent all statements are true and complete to the best of my knowledge and belief and were properly recorded before I signed my name below. I have also signed a copy of this Agreement/Acknowledgment of Delivery included with my policy. I understand and agree the statements in the application, including all of its parts and statements by the Proposed Insured in any medical questionnaire or supplement, will be the basis for and form a part of the policy. I understand that misstatements could mean denial of an otherwise valid claim and rescission of the policy during the contestable period.

When Policy Coverage Begins: I understand and agree that if a policy is issued as applied for with a premium deposit paid, policy coverage will become effective on, of issuance. The Company agrees to pay any proceeds pursuant to policy terms subject to the acceptance of the proposed owner and signing of Part C, if applicable.

I understand and agree that if a policy is issued as other than applied for or without a premium deposit (C.O.D.), then policy coverage is not effective and the Company shall incur no policy liability unless:

- 1) A policy issued on this application has been physically delivered to and accepted by the owner and the first premium paid; and
- 2) At the time of such delivery and payment, the person to be insured is actually in the state of health and insurability represented in the application, medical questionnaires, or amendment that becomes a part of this application; and
- 3) This form is signed by me and the Proposed Insured (if different than me) and dated at delivery.

If these conditions are not met, the policy is deemed effective on the Policy Date stated in the policy data page.

When an Adjustment Becomes Effective: I understand and agree that if I apply to adjust my policy coverage, any adjustment approved by the Company is effective as of the Adjustment Date shown on the new data page for the policy, provided that I and the proposed insured (if different than me) sign this form and any amendment form, if applicable, and return such forms to the Company within 30 days of the adjustment delivery date.

Limitation of Authority: I understand and agree no agent, broker, licensed representative, licensee interviewee, or medical examiner has any authority to determine insurability, or to make, change or discharge any contract, or to waive any of the Company's rights. The Company's right to withhold and complete answers to all questions on the application and on any medical questionnaire that becomes a part of this application may not be waived. No knowledge of any fact on the part of any agent, broker, licensed representative, telephone interviewee, medical examiner or other person shall be considered knowledge of the Company unless such fact is stated in the application.

ACKNOWLEDGMENT OF DELIVERY: I acknowledge policy number(s) _____ was delivered to me today and is based on the life of: (only 902330)

INDEMNITY WAIVER: If a premium deposit was submitted with Part A and C of the application, I verify that all information in Part B of the application is true and complete to the best of my knowledge and belief and is correctly recorded as of: (902330)

If the application was submitted without a premium deposit (C.O.D.), I verify that all information in the Part B of the application including all parts and statements by the Proposed Insured in any medical questionnaire or supplement accurately reflects the Proposed Insured's health and insurability as of the date of issuance. Any person who knowingly presents a false statement in an application for insurance is guilty of a criminal offense and subject to penalties under state law.

SIGNATURES

Signature of Proposed Insured (if age 18 or over)	Signature of Applicant (Proposed Insured is under age 18 or under age 21 and has not signed as Owner)
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signature of Owner(s) (if other than Proposed Insured); if separation, an officer other than the Proposed Insured must sign, include officer's title. If joint ownership or Trust, all joint owners/business must sign, include Trustee after separation.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Date: 08/15/2018	
0001AA 1000 16-1 (8/17)	Last Page

The completed document is for individual use only. No part may be copied, re-used without prior consent of The Principal.

Next

Click to apply signature

Saved

Language English US

© 2018 Adobe Systems Incorporated. All rights reserved. Terms Privacy Cookies Consumer Disc

- Bank draft information to be collected if wanting an initial draw for cases on monthly mode.
 - Mode changes can be made on delivery. Client will have option to select any mode during this time and complete the EFT form.
- Click “Next” and enter in bank info as instructed
 - NOTE: It will only be enabled if insured is the bank account holder

The screenshot shows a web browser displaying a Principal Life Policy document. The document is titled "Life Policy" and includes a "Next" button. A callout box on the right side of the document states: "This form will be needed if wanting an initial draw or for cases on monthly mode. It will be enabled if the insured is the bank account holder." The document content includes a question: "Are you paying via Electronic Fund Transfer and are you the bank account holder? Yes No". Below this is a "Payment Authorization for Electronic Fund Transfers" section, followed by a "FOR LIFE NEW ISSUE POLICIES ONLY" section with a note about state funds. The document also lists "Types of Account" and "Types of Account" with checkboxes for "Initial Monthly Premium Only (Quarterly, Semi-Annual or Annual)", "Initial Monthly Premium with Monthly Reinsuring EFT", "Initial Monthly Premium (Quarterly, Semi-Annual or Annual), including Storage of Premium", "Initial Monthly Premium, including Storage of Premium with Monthly Reinsuring EFT", and "Monthly Reinsuring EFT Only". At the bottom, there are fields for "Bank Information" and "Account Number".

- Click check box to agree and click to sign

Adobe Sign, an Adobe Document Cloud Experience Cloud Service

Secure | https://principal.na1.echosign.com/public/esign?tsid=CBFCIBAA3AAAABLbqZhBoIUy01P3zfARcjQKohs3Gnded00PbPNmokQAWGaOwTfTSqGCwjMtz5Z0-V5DBe7EXh

PFG Brand Asset TAG MS 365 Policy eDelivery - Life I-OWL BIT Tracker Yammer : Principal HMM12 TTM Move Free Look tail: Personal Tra

PrincipalSM POWERED BY Adobe Sign

Alternative actions ▾ Life Policy for [REDACTED]

notices will not be mailed.

Monthly Recurring EFT Only

I authorize recurring monthly EFT premiums, including any premium needed if policy is backdated. Premium notices will not be mailed.

If Initial Modal Premium and Monthly Recurring EFT are to be drafted from different accounts, complete a separate form for each.

***Type of Account:**

Checking (see below)

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.)

Sample Check

JOHN OR JANE DOE	0123 (Check No.)
Date	
Pay to the order of	\$
	Dollars
A) ACH Routing Number	
B) Bank Routing Number	C) Account Number

Complete Your Bank Information Below, or Submit Voided Check

*A) ACH Routing Number (Only if listed on your check)

*B) Bank Routing Number (This number is the first 9 numbers. Please do not include any alpha or special characters)

001122233

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

1234567

*Insured Name or Policy No.(s)	[REDACTED]			
*Amount	\$ [REDACTED]	\$	\$	\$

I authorize the financial institution to honor withdrawals and/or electronic fund transfers by the Company listed above. The draft request to the financial institution must be honored on first presentment. I understand if the withdrawal requests are dishonored by the Company, whether with or without cause, that the Company shall be under no liability. This authorization will be in effect until cancelled either by myself, the Company or the financial institution owner regardless of who the payee is.

X [REDACTED]

Signature of Bank Account Holder Bank Account Holder's Name (Printed) Date (MM/DD/YYYY)

X [REDACTED]

Signature of Joint Bank Account Holder Joint Bank Account Holder's Name (Printed) Date (MM/DD/YYYY)

DD 9073-1 Insurance products from the Principal Financial Group (The Principals) are issued by Page 1 of 1

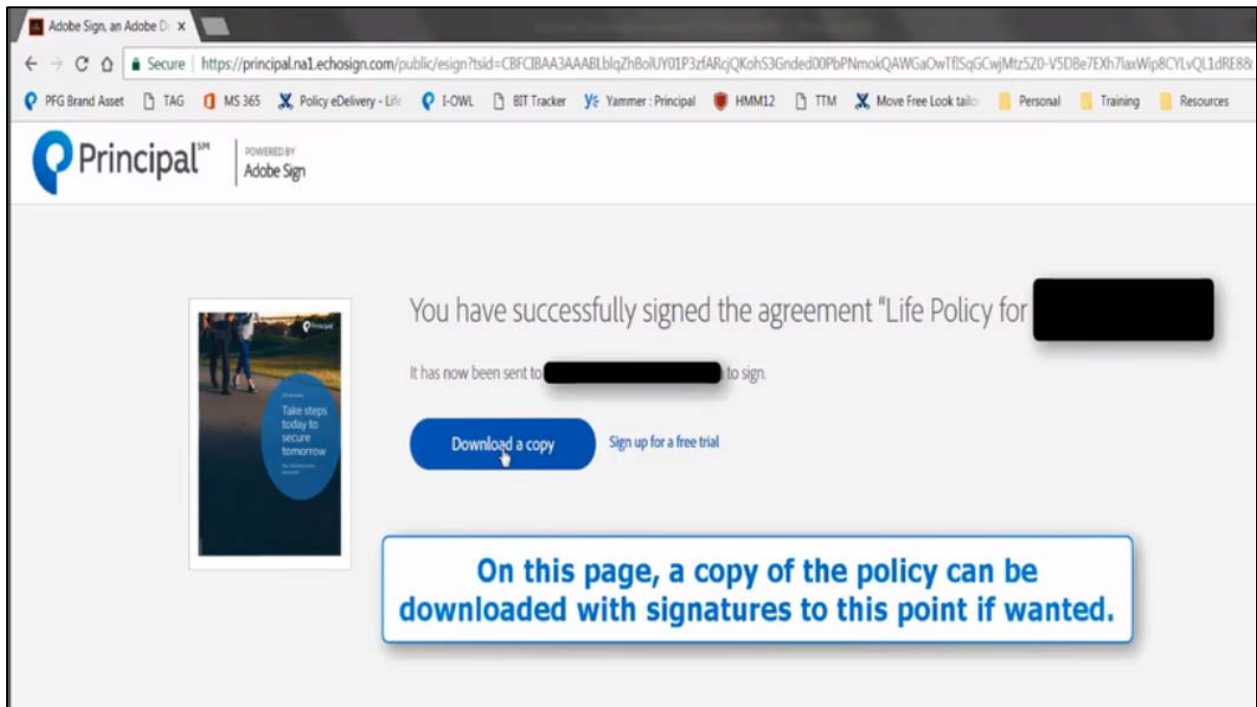
I agree to the Terms of Use, have reviewed the Consumer Disclosure and agree to do business electronically with Principal

Click to Sign

Must click box

Saved

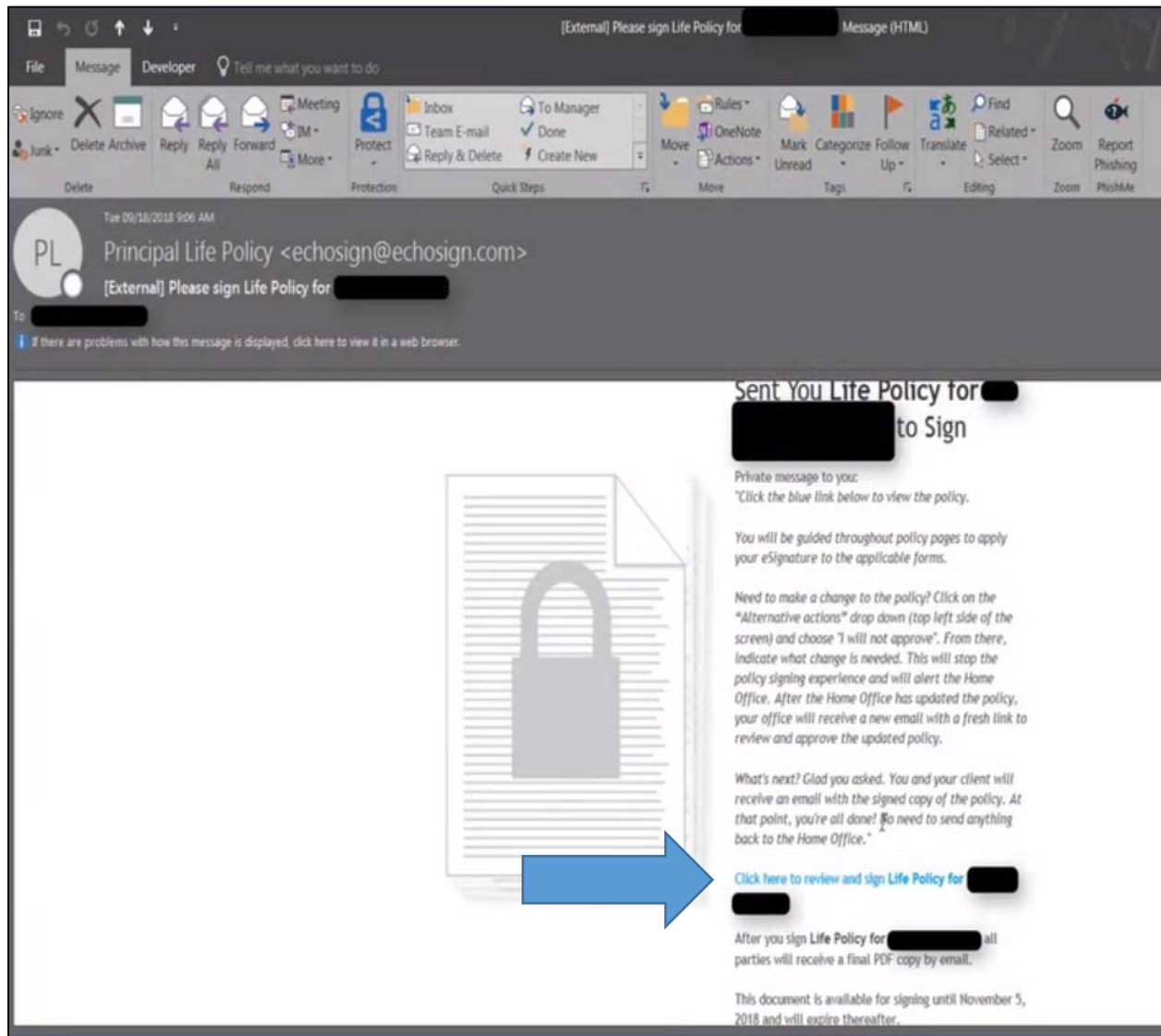
- Policy has been released to insured and copy of policy with signatures to this point if wanted is now available to download/print/save.



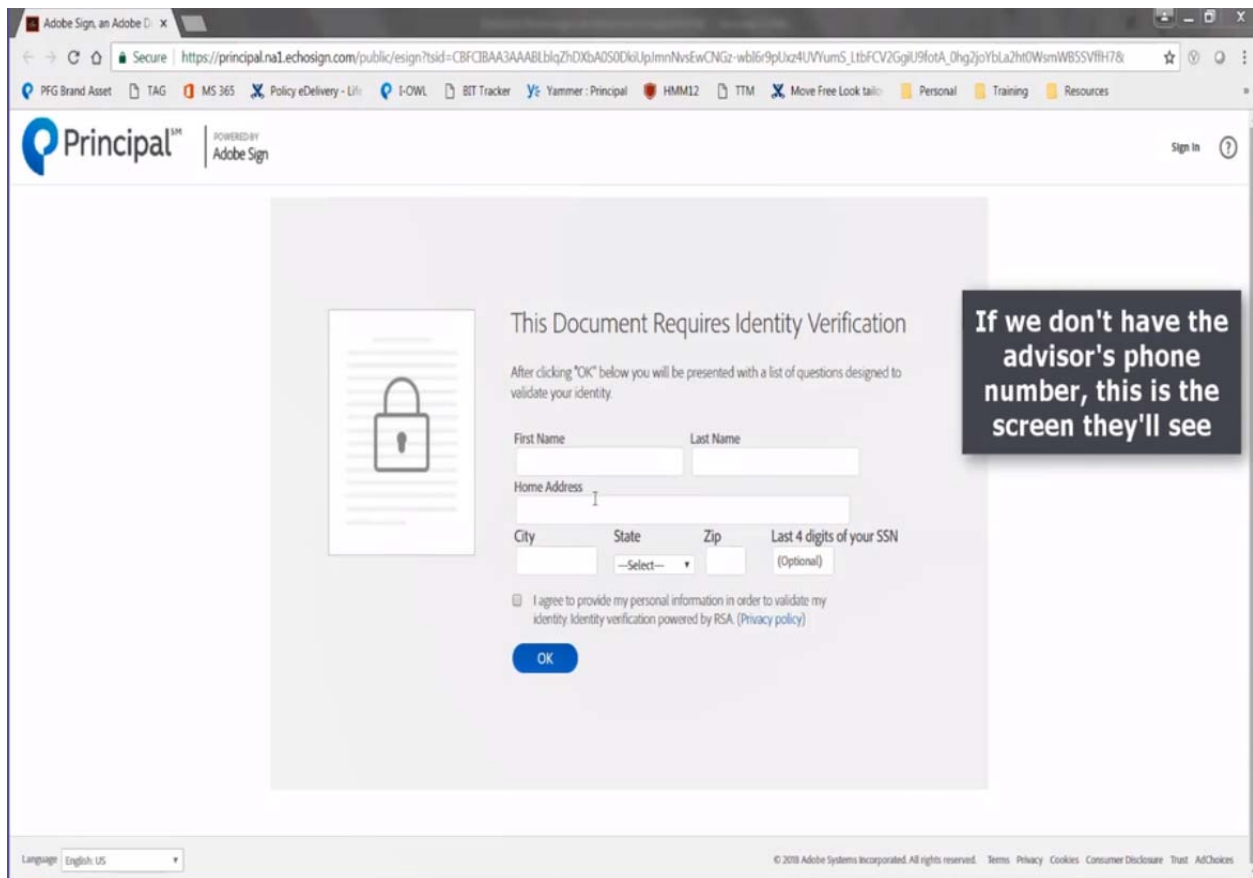
Advisor Process

If there are forms that require advisor signature.

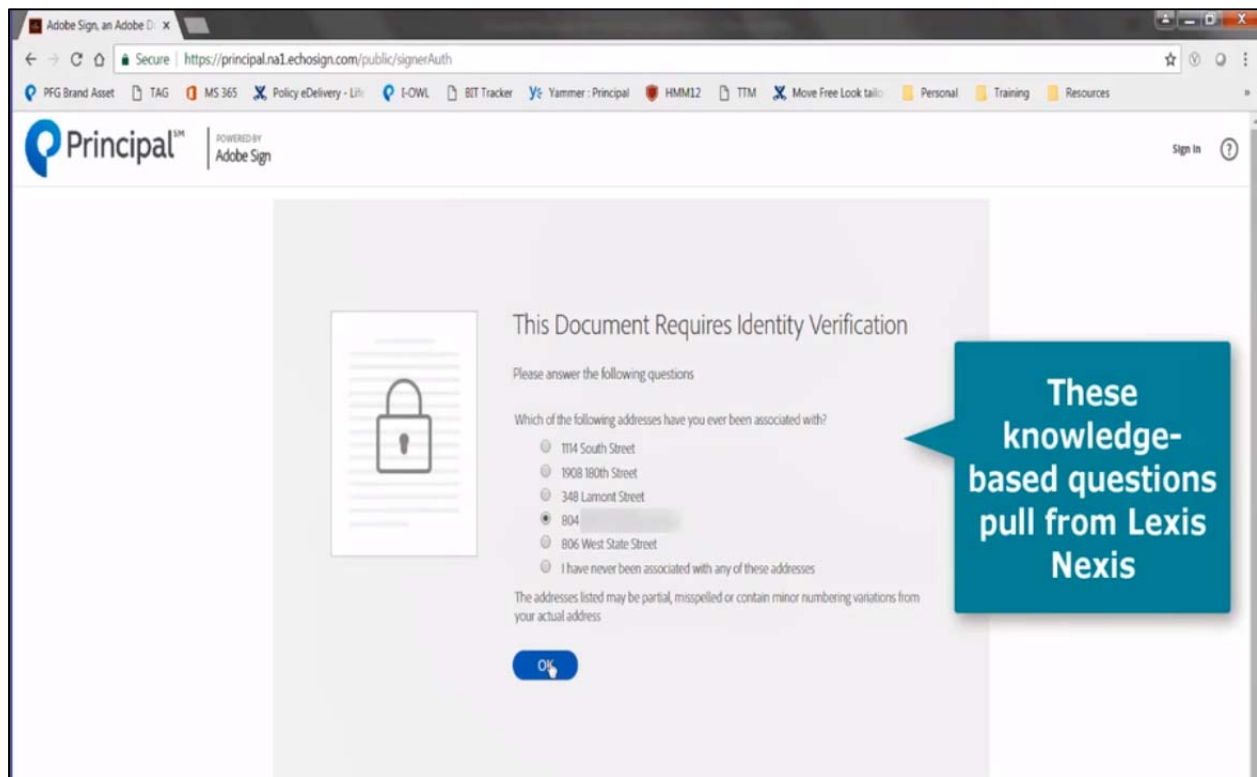
- Advisor will receive email to review and approve policy once insured has eSigned
 - Click to review/approve policy



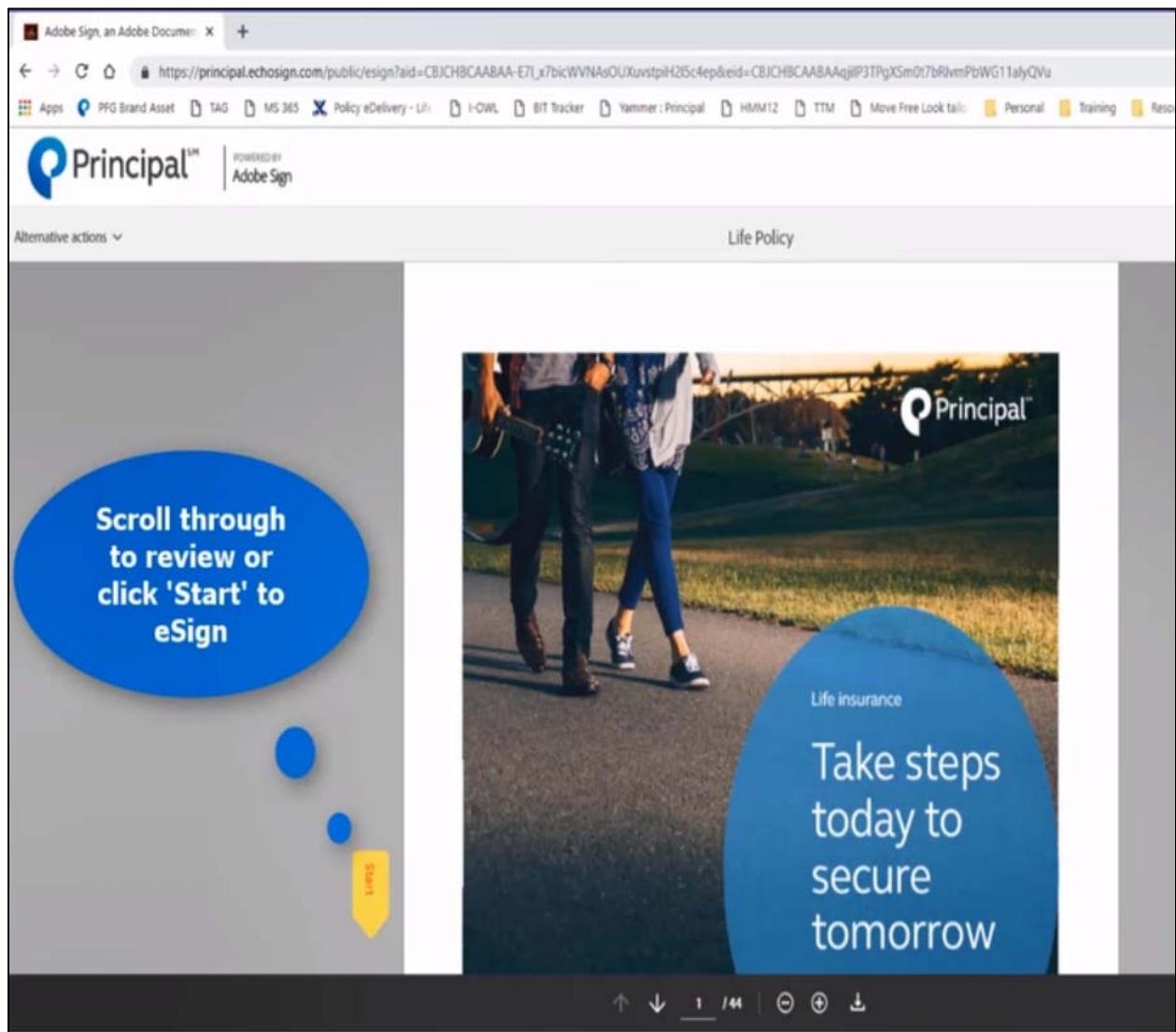
- Advisor to confirm identification
 - If advisor phone number not on file, they will need to enter in address and last 4 of SSN



- Advisor will be presented with Lexis Nexis based knowledge-based questions to past identification



- After successful identification verification, advisor will click “Start” to scroll and review the policy and forms to eSign.



- Click to apply eSignatures

Adobe Sign, an Adobe D x

Secure | https://principal.na1.echosign.com/public/esign?tsid=CBFCBAA3AAA81blqZhdXbA0S00kiUpImnNvsEwCNGz-wblfr9pluz44UYumS_LtbfCV2GglU9foA_OhgZjoYblA2ht0WsmWB55Vfh7&

PGF Brand Asset TAG MS 365 Policy eDelivery - Life I-OWL BIT Tracker Yammer - Principal HMM12 TTM Move Free Look tall: Personal Training Resources

Principal™ POWERED BY Adobe Sign

Alternative actions ▾ Life Policy for [REDACTED] Next required field 1

I represent that all statements recorded above are true and complete to the best of my knowledge and belief and were correctly recorded before I signed my name below. I understand and agree that these statements will become part of my application and any policy issued on it.

Signature of Proposed Insured (if age 15 or over)
X [REDACTED]

Signature of Parent (if Proposed Insured is under age 18)
X

Date	Signature X Click here to sign	License Number
------	-----------------------------------	----------------

ICC [REDACTED] (03/17) Page 1 of 1
This document is for restricted use only. No part may be copied nor disclosed without prior consent of The Principal.

Next

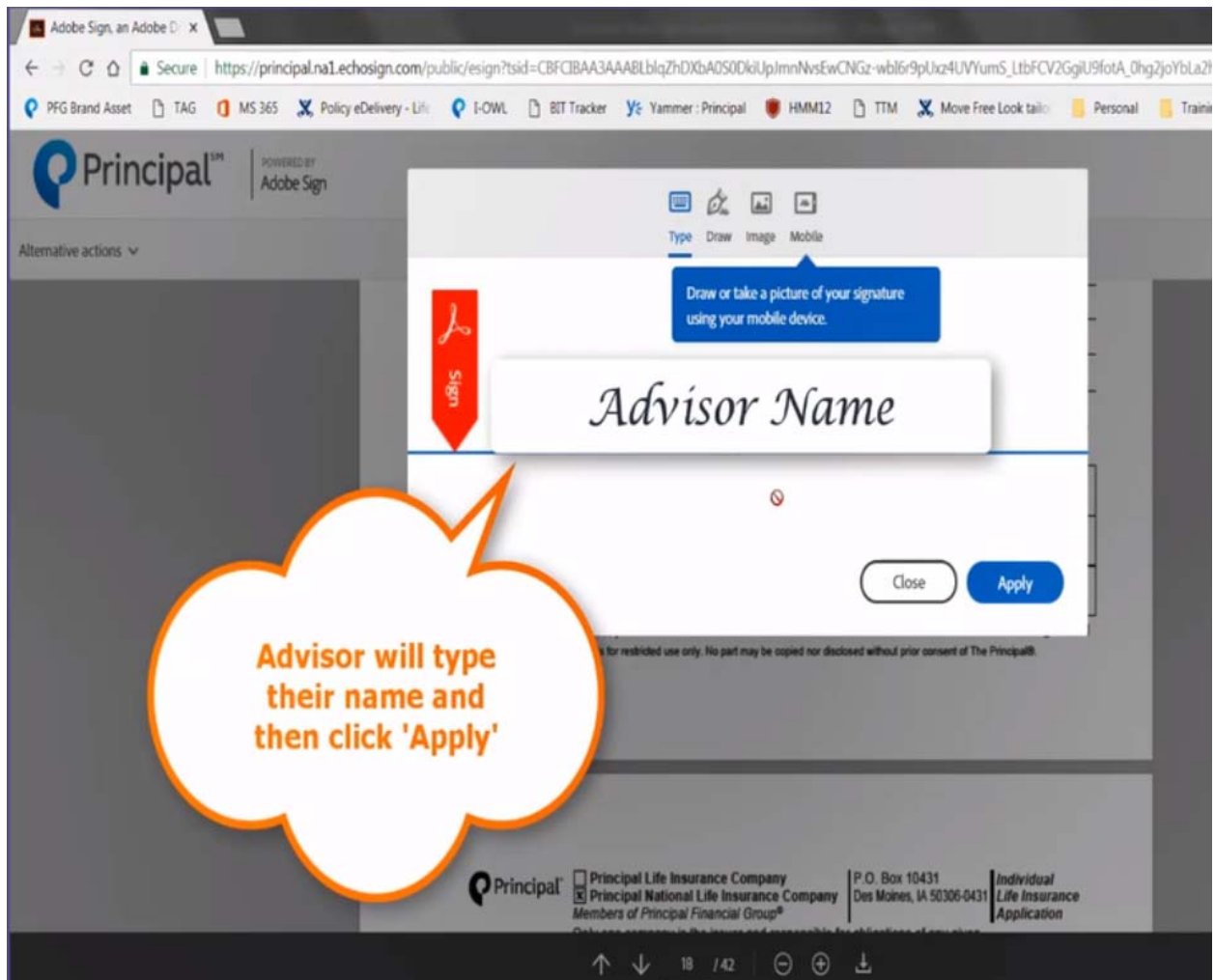
Click to sign

The advisor will be taken to where he or she needs to eSign

Principal
Principal Life Insurance Company
Principal National Life Insurance Company
Members of Principal Financial Group®
P.O. Box 10431
Des Moines, IA 50306-0431
Individual Life Insurance Application

Language: English US © 2018 Adobe Systems Incorporated. All rights reserved. Terms Privacy Cookies Consumer Disclosure Trust AdChoices

- Advisor to type name and click “Apply”



- Once all forms are signed, click agree and "Click to Sign" to complete

Principal™ POWERED BY Adobe Sign

Life Policy for [redacted] Completed

I represent that all statements recorded above are true and complete to the best of my knowledge and belief and were correctly recorded before I signed my name below. I understand and agree that these statements will become part of my application and any policy issued on it.

Signature of Proposed Insured (if age 15 or over)
X [redacted]

Signature of Parent (if Proposed Insured is under age 18)
X [redacted]

Date	Sig	Advisor Name	License Number
X	X	[redacted]	

ICC17 AA 3443 N-1 (03/17) Page 1 of 1
This completed document is for restricted use only. No part may be copied nor disclosed without prior consent of The Principal.

Principal Life Insurance Company
Principal National Life Insurance Company
Members of Principal Financial Group®
Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".
P.O. Box 10431
Des Moines, IA 50306-0431
Individual Life Insurance Application

I agree to the Terms of Use, have reviewed the Consumer Disclosure and agree to do business electronically with Principal

Click to Sign

Principal™ POWERED BY Adobe Sign

Life Policy for [redacted] Completed

I represent that all statements recorded above are true and complete to the best of my knowledge and belief and were correctly recorded before I signed my name below. I understand and agree that these statements will become part of my application and any policy issued on it.

Signature of Proposed Insured (if age 15 or over)
X [redacted]

Signature of Parent (if Proposed Insured is under age 18)
X [redacted] Click to change

Date	Sig	Advisor Name	License Number
X	X	[redacted]	

ICC17 AA 3443 N-1 (03/17) Page 1 of 1
This completed document is for restricted use only. No part may be copied nor disclosed without prior consent of The Principal.

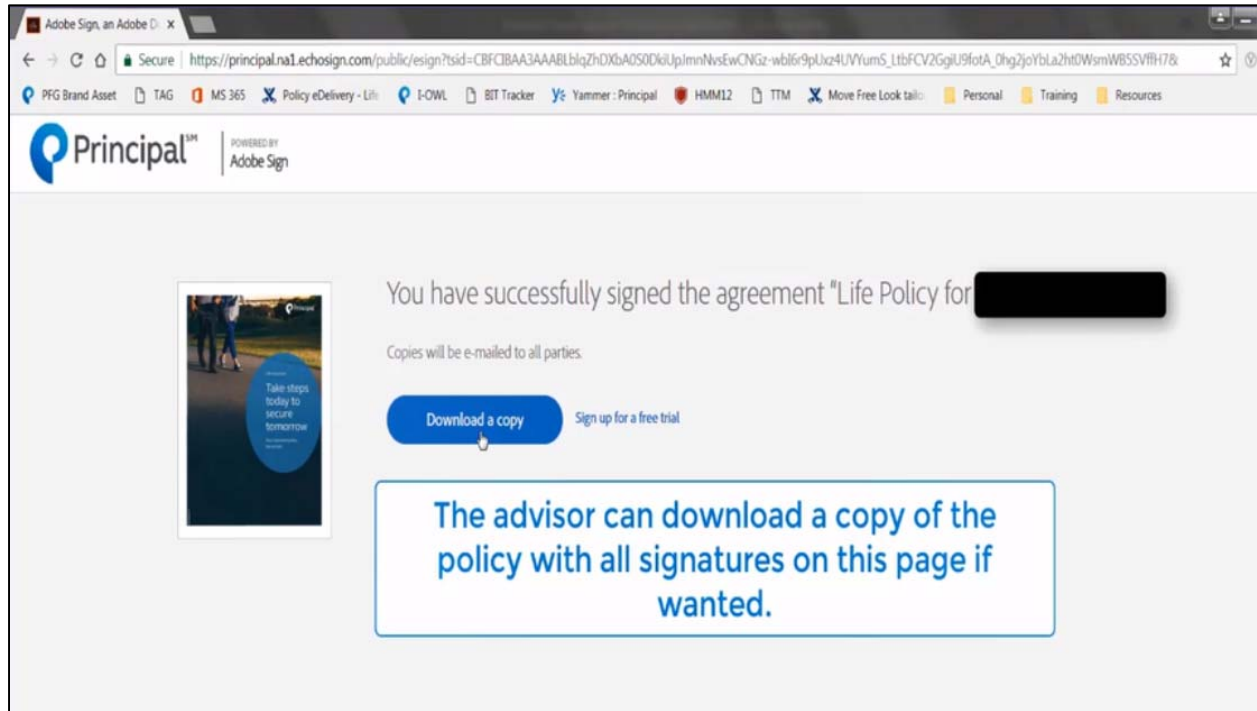
Principal Life Insurance Company
Principal National Life Insurance Company
Members of Principal Financial Group®
Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".
P.O. Box 10431
Des Moines, IA 50306-0431
Individual Life Insurance Application

I agree to the Terms of Use, have reviewed the Consumer Disclosure and agree to do business electronically with Principal

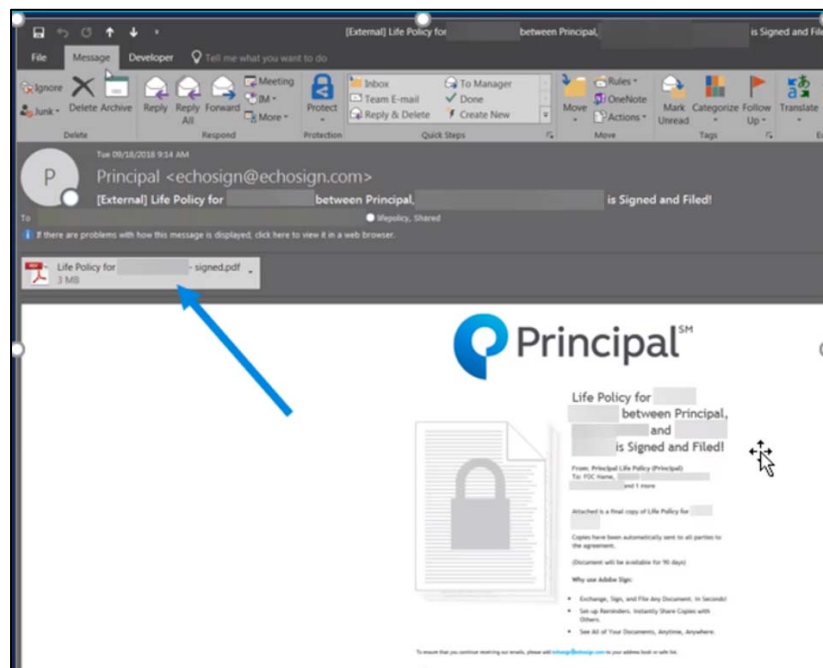
Click to Sign

Once all forms have been signed, this bar will appear

- Policy has been released to insured and copy of policy with signatures to this point if wanted is now available to download/print/save.



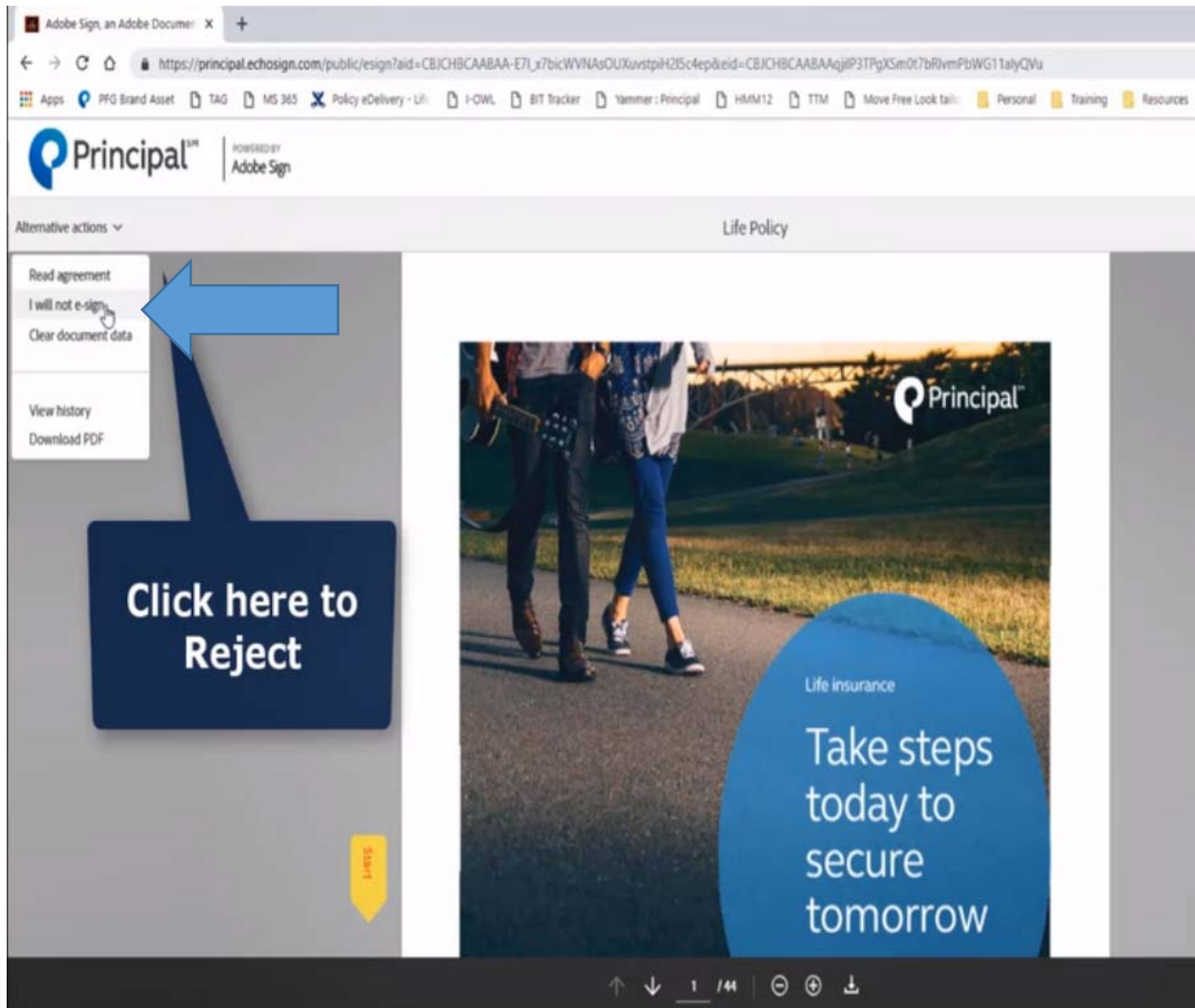
- Once all eSignatures are completed, all signing parties will receive an email with the fully signed policy and delivery requirements for their records. Copy will also be returned to home office.



Opting out of eDelivery

You will have the ability to opt out of eDelivery to request hard copy policy, reissue policy to make policy not taken.

- When you receive the email that policy has been eDelivered, click the link to review policy.
- Click “Alternative Action” in the top left-hand corner
 - Click “I will not e-sign”



- Enter in reason you will not e-sign the document and click “Decline”
 - Policy will be returned to home office to act as needed based on request

