



Principal Life Insurance Company
Principal National Life Insurance Company
 Members of Principal Financial Group®

P.O. Box 10431
 Des Moines, IA 50306-0431

**Insurance
 Application**

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

Proposed Insured _____
 D.O.B. ____ / ____ / _____ Policy Number (If known) _____

PART B – (Continued)

INCOME/OCCUPATION

7. Annual income from occupation \$ _____ Other Income \$ _____
 Source of other income _____ Net Worth (Assets – Liabilities) \$ _____
 8. Primary occupation _____ Employer _____

This area left blank intentionally.

DETAILS TO QUESTIONS 7-8

Quest. #	Include dates and details as requested above.



Principal Life Insurance Company
Principal National Life Insurance Company
 Members of Principal Financial Group®

P.O. Box 10431
 Des Moines, IA 50306-0431

**Insurance
 Application**

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

Proposed Insured _____
 D.O.B. ____ / ____ / _____ Policy Number (If known) _____

PART B – (Continued)

MEDICAL HISTORY (Provide details to yes answers, questions 11-16 below)

11. Who is your Primary Physician? None
- | | |
|---------|--------------|
| a. Name | Phone Number |
| Street | City |
| | State |
| | Zip |
- b. Date last seen, reason and details

12. In the last ten years:
- a. have you had any medical tests, hospitalization, illness or injury not provided in response to a previous question? (If yes, explain below) Yes No
- b. have you consulted a doctor, chiropractor, psychiatrist, psychologist, counselor, therapist or other healthcare provider not provided in response to a previous question? (If yes, explain below) Yes No
13. Are you taking or have you been advised to take any medication or treatment not provided in response to a previous question? (If yes, explain below) Yes No
14. Current Ht. _____ Wt. _____ Have you lost more than 10 lbs. in the last year? Yes No
 If yes, _____ lbs./kgs. Indicate reason _____
15. a. Has either of your natural parents lived to at least age 60? Yes No
 b. Do any of your natural parents or siblings have a history of diabetes, cancer, stroke or heart disease? Yes No
 If yes, provide details (i.e., relationship, type of disease, age diagnosed, current age or age at death):

16. Have you ever had any life, health or disability insurance rated, rideder or declined? (If yes, explain below)..... Yes No

DETAILS TO QUESTIONS 11-16

Quest. #	Include dates and details as requested above.