

SERFF Tracking Number: PRLD-125879497 State: Arkansas
Filing Company: Principal National Life Insurance Company State Tracking Number: 40841
Company Tracking Number: UL8/SN 24
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Universal Life Insurance
Project Name/Number: Universal Life Flex/UL8/SN 24

Filing at a Glance

Company: Principal National Life Insurance Company

Product Name: Flexible Premium Universal Life SERFF Tr Num: PRLD-125879497 State: ArkansasLH
Insurance

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40841
Adjustable Life

Sub-TOI: L09I.001 Single Life Co Tr Num: UL8/SN 24 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: R Grubb Disposition Date: 11/20/2008

Date Submitted: 11/13/2008 Disposition Status: Approved

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Universal Life Flex/UL8

Project Number: SN 24

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/20/2008

State Status Changed: 11/20/2008

Corresponding Filing Tracking Number:

Filing Description:

RE New Submission - Individual Universal Life

Flexible Premium Universal Life Insurance Policy, SN 24

Data Pages, SN 24-1

Accelerated Benefits Rider, SN 12

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/05/2008

Domicile Status Comments: Approved by our
domicile state, Iowa, on 11-5-2008.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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- Aviation Exclusion Rider, SN 10
- Change of Insured Rider, SN 7
- Children Term Insurance Rider, SN 13
- Cost of Living Increase Rider, SN 14
- Extended Coverage Rider, SN 9
- Hazardous Sports Exclusion Rider, SN 11
- Life Paid-Up Rider (Overloan Protection), SN 25
- Salary Increase Rider, SN 8
- Waiver of Monthly Policy Charge Rider, SN 26
- Endorsement, SN 27
- Complaint Notice, SN 29 AR

Enclosed for your approval are the forms listed above. These forms are new forms not replacing any previously approved forms for Principal National Life Insurance Company.

Principal Financial Group has created a new sister company to Principal Life Insurance Company called Principal National Life Insurance Company (Principal National) to do business in 49 states and the District of Columbia, excluding the state of New York.

Eventually, Principal National will be the carrier for the new fixed life insurance product sales in the 49 states and District of Columbia. This current filing is for one of these products. Additional products that will be filed include term life and survivorship universal life. Variable life products will be added to Principal National in the future.

This product and versions of these forms were previously filed and approved by your department for use by Principal Life Insurance Company and now we are filing the product and substantially similar forms in order that they may be used by Principal National Life Insurance Company.

The appropriate forms have been identified in the attached documentation as illustrated forms, and will be illustrated in a compliant format. Enclosed is the Illustration Actuary Certification for forms that use current as well as guaranteed values.

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Agents and brokers who are duly licensed by Principal National Life Insurance Company will market this new individual life insurance product. The issue ages for the policy are 0 to 85. Previously approved applications AA 2000 N and AA 1800 N, or AA 648 N, or AA 3406 N, will be used with this policy. Our normal underwriting guidelines will apply.

SN 24, Flexible Premium Universal Life Insurance Policy: provides an adjustable death benefit payable at the earlier of the policy maturity date (insured's age 121) or the insured's death.

- The policy may be used on either a sex-distinct or unisex basis. The data pages will reflect the appropriate classification. The unisex basis of values will only be used when the policy is issued as part of an employee benefit plan under the Norris decision.
- The amount and timing of premium payments may vary. However the policy is guaranteed to stay in force during the first 10 policy years when the no lapse guarantee premium requirement is met.
- There are three death benefit options provided by the policy. They are (1) face amount, (2) face amount plus the accumulated value, and (3) face amount plus premiums paid less any partial surrenders.
- Basis of values is the 2001 CSO Mortality Tables with distinction for gender, if applicable. An Actuarial Memorandum is enclosed.

SN 24-1, Data Pages: are the data pages ("schedule pages") that will be used with policy form SN 24. The enclosed data pages provide sample data based on the insured and policyowner choices. The data pages also show the rider data. A Statement of Variability describing policy specific and variable information is enclosed. We have bracketed certain items on the Data Pages as variable information because they may change for future issues (but not in-force policies) in the future. It is our understanding that changes to the bracketed items for future issues will not require a re-filing of the form.

SN 12, Accelerated Benefits Rider: provides a benefit if the insured is terminally ill.

- The rider will be issued when the insured is between the ages of 0 and 85.
- A one time administrative expense fee may be charged at the time the accelerated benefit is paid.

SN 10, Aviation Exclusion Rider: provides a limited benefit if the Insured dies in an "excluded circumstance" listed in the rider. This rider is added as determined by underwriting.

SN 7, Change Of Insured Rider: allows the owner to name a new insured under the policy.

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- The rider is available for business purposes if the insured is between the ages of 0 and 69.
- The rider expires on the insured's attained age 70.
- There is no separate charge for the rider.

SN 13, Children Term Insurance Rider: provides an insurance benefit upon the death of an insured child.

- The rider is available when the insured is between the ages of 15 and 55.
- The rider expires on the insured's attained age 65.
- The annual cost of insurance rate per unit for the rider is shown on the data pages.

SN 14, Cost Of Living Increase Rider: provides for increases in the policy's face amount every third policy anniversary based on increases in the Consumer Price Index for All Urban Consumers. No evidence of insurability is required.

- The rider will be issued when the insured is between the ages of 0 and 52.
- The rider expires on the insured's attained age 55.
- There is no separate charge for the rider; however, when it is exercised, the monthly policy charge and surrender charges will be increased to cover the costs and charges for any increase in face amount made under the rider.

SN 9, Extended Coverage Rider: continues policy coverage if the Insured is living on the policy maturity date and it extends the policy maturity date to the insured's death.

- The rider will be included with all policies.
- There is no separate charge for this rider.

SN 11, Hazardous Sports Exclusion Rider: provides a limited benefit if the Insured dies as a result of participation in the "excluded hazardous sport" listed in the rider. This rider is added as determined by underwriting.

SN 25, Life Paid-Up Rider: under certain circumstances this rider will keep the policy from terminating when there is a large policy loan (or loans) outstanding by making the policy to paid-up life insurance.

- This rider will be automatically issued on all policies.
- There is a one-time charge when the rider is exercised. The maximum charge for this rider will be shown on the data pages.

SN 8, Salary Increase Rider: provides an annual increase in the policy Face Amount, without evidence of insurability,

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based on the insured's increase in salary.

- The rider is available for business purposes if the insured is between the ages of 20 and 64.
- The rider expires on the insured's attained age 65.
- The charge for the rider is shown on the data pages.

SN 26, Waiver of Monthly Policy Charge Rider: waives the monthly policy charge after the insured remains totally disabled for 6 continuous months.

- The rider is available when the insured is between the ages of 0 and 59.
- The rider expires on the insured's attained age 65, or if the total disability begins before his or her age 60 and continues uninterrupted, upon the first of: his or her death, or the policy maturity date.
- The Waiver of Monthly Policy Charge Rider guaranteed maximum rates for the insured will be shown on the data pages.

SN 27, Endorsement: this form is used with the policy when it is issued as a result of a conversion from an existing term policy.

SN 29 AR, Complaint Notice: this form will be used with the policy in compliance with Arkansas Insurance Code 23-79-138.

The forms enclosed for your review and approval are in final printed form, subject only to minor modification in format, paper size, stock, ink, border, company logo, and adaptation to computer printing. In addition, depending on printer capabilities, the forms may be printed either simplex or duplex.

If you have questions or would like more information, please contact me using any of the options listed.

Company and Contact

Filing Contact Information

Rosemary Grubb, Senior Analyst

grubb.rosemary@prinipal.com

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711 High Street (800) 255-6603 [Phone]
Des Moines, IA 50392-0001 (515) 235-5494[FAX]

Filing Company Information

Principal National Life Insurance Company
711 High Street

CoCode: 71161
Group Code: 332

State of Domicile: Iowa
Company Type: Life, Health &
Annuities

Des Moines, IA 50392-0001
(515) 246-7062 ext. [Phone]

Group Name:
FEIN Number: 34-1022982

State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50 for the policy and associated forms; \$50 for the rates = \$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal National Life Insurance Company	\$100.00	11/13/2008	23901275

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/20/2008	11/20/2008

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Disposition

Disposition Date: 11/20/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRLD-125879497 State: Arkansas
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 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
 Adjustable Life
 Product Name: Flexible Premium Universal Life Insurance
 Project Name/Number: Universal Life Flex/UL8/SN 24

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memoranda		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Illustration Certifications		Yes
Form	Flexible Premium Universal Life Insurance Policy		Yes
Form	Data Page		Yes
Form	Accelerated Benefits Rider		Yes
Form	Aviation Exclusion Rider		Yes
Form	Change of Insured Rider		Yes
Form	Children Term Insurance Rider		Yes
Form	Cost of Living Increase Rider		Yes
Form	Extended Coverage Rider		Yes
Form	Hazardous Sports Exclusion Rider		Yes
Form	Life Paid-Up Rider		Yes
Form	Salary Increase Rider		Yes
Form	Waiver of Monthly Policy Charge Rider		Yes
Form	Endorsement		Yes
Form	Notice		Yes
Rate	UL8 Current and Guaranteed Rates		Yes

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Form Schedule

Lead Form Number: SN 24

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SN 24	Policy/Cont	Flexible Premium ract/Fratern Universal Life al Insurance Policy Certificate	Initial		50	SN 24.pdf
	SN 24-1	Schedule	Data Page Pages	Initial		0	SN 24-1.pdf
	SN 12	Policy/Cont	Accelerated Benefits ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	SN 12.pdf
	SN 10	Policy/Cont	Aviation Exclusion ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	SN 10.pdf
	SN 7	Policy/Cont	Change of Insured ract/Fratern Rider al Certificate: Amendmen t, Insert Page,	Initial		53	SN 7.pdf

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SN	Policy/Cont	Initial	Page	File Name
SN 13	Policy/Cont Children Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	57	SN 13.pdf
SN 14	Policy/Cont Cost of Living ract/Fratern Increase Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51	SN 14.pdf
SN 9	Policy/Cont Extended Coverage ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51	SN 9.pdf
SN 11	Policy/Cont Hazardous Sports ract/Fratern Exclusion Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial	48	SN 11.pdf

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SN 25	Policy/Cont Life Paid-Up Rider Initial Certificate: Amendment, Insert Page, Endorsement or Rider	57	SN 25.pdf
SN 8	Policy/Cont Salary Increase Initial Certificate: Amendment, Insert Page, Endorsement or Rider	50	SN 8.pdf
SN 26	Policy/Cont Waiver of Monthly Initial Certificate: Amendment, Insert Page, Endorsement or Rider	48	SN 26.pdf
SN 27	Policy/Cont Endorsement Initial Certificate: Amendment, Insert Page, Endorsement or Rider	51	SN 27.pdf

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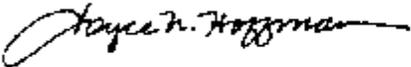
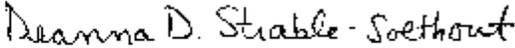
SN 29 AR Other Notice Initial 50 SN29AR.pdf

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY Benefits are payable at the earlier of the Policy Maturity Date or the death of the Insured. Flexible premiums are payable until the earlier of the Policy Maturity Date or the death of the Insured. The death benefit is adjustable subject to specified requirements and limits. This policy is non-participating.

This policy is a legal contract between You, as owner(s), and Us, Principal National Life Insurance Company, a stock company. Your policy is issued based on the information in the application and payment of premiums as shown on the current Data Pages. We will pay the benefits of this policy in accordance with its provisions.

EXAMINATION OFFER. IT IS IMPORTANT TO US THAT YOU ARE SATISFIED WITH THIS POLICY. IF YOU ARE NOT SATISFIED, YOU MAY RETURN YOUR POLICY TO EITHER YOUR AGENT OR OUR OFFICE BEFORE THE LATER OF: (1) TEN DAYS AFTER YOU RECEIVE YOUR POLICY OR (2) SUCH LATER DATE AS SPECIFIED BY APPLICABLE STATE LAW. IF YOU RETURN YOUR POLICY, WE WILL REFUND ANY PREMIUM PAID AND YOUR POLICY WILL BE CONSIDERED VOID FROM ITS INCEPTION. PLEASE READ YOUR POLICY CAREFULLY SO YOU MAY BETTER USE ITS MANY BENEFITS.

This policy starts on the Policy Date and will stay in force until the earlier of the Policy Maturity Date shown on the current Data Pages or the death of the Insured so long as You satisfy the requirements outlined in Your policy.

 Senior Vice President and Corporate Secretary	 President
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**Principal National Life
Insurance Company**

711 High Street
Des Moines, Iowa 50392-0001

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A copy of the application and any additional benefits provided by rider follow the last page of this policy.

DEFINITIONS IN THIS POLICY

All of the following defined terms and phrases and certain items on Your Data Pages are capitalized throughout the policy. Please read them carefully as they will help You understand the policy provisions.

ACCUMULATED VALUE is the sum of Net Premiums paid, minus partial surrenders, minus Monthly Policy Charges, plus interest, as further described in the Calculation Of Accumulated Value provision.

ADJUSTMENT DATE is the Monthly Date on or next following Our approval of a requested adjustment.

ATTAINED AGE is the Insured's Age on the birthday nearest to the Policy Date, plus the number of complete Policy Years that have elapsed since the Policy Date.

FACE AMOUNT is the amount used to determine the death benefit provided by the policy. The Face Amount may be increased or decreased as described in the policy. The Face Amount is shown on the current Data Pages.

INITIAL FACE AMOUNT is the original Face Amount that was in effect on the Policy Date.

INSURED is the person named as the Insured on the current Data Pages of the policy. The Insured may or may not be the owner.

LOAN ACCOUNT is that part of the Accumulated Value that reflects any Loan Indebtedness.

LOAN INDEBTEDNESS is any outstanding policy loan(s) and unpaid loan interest.

MONTHLY DATE is the day of the month which is the same as the day of the Policy Date. The Monthly Date will never be the 29th, 30th, or 31st of any month.

MONTHLY POLICY CHARGE is the amount deducted from the Accumulated Value on each Monthly Date as described in the Policy Expenses section.

NET ACCUMULATED VALUE is the Accumulated Value less any Loan Indebtedness.

NET AMOUNT AT RISK is the result of:

1. the death benefit as described in the Death Proceeds section of this policy at the beginning of the Policy Month, divided by 1.0024663; minus
2. the Accumulated Value at the beginning of the policy month calculated as if the Monthly Policy Charge was zero.

NET PREMIUM is the gross premium paid less the deductions for the Premium Expense Charge.

NET SURRENDER VALUE is the Surrender Value less any Loan Indebtedness.

NOTICE is any form of communication We receive in Our Office providing the information We need, either in writing or another manner that We approve in advance.

OFFICE is Our home office.

POLICY DATE is the date from which Monthly Dates, Policy Years, and policy anniversaries are determined. The Policy Date is shown on the current Data Pages. The Policy Date will never be the 29th, 30th, or 31st of any month.

POLICY MATURITY DATE is the date to which this policy will stay in force, unless the death of the Insured occurs prior to that date, so long as all requirements outlined in the policy are satisfied. The Policy Maturity Date is shown on the current Data Pages.

POLICY YEAR is the one-year period beginning on the Policy Date and ending 1 day before the policy anniversary and each subsequent one-year period beginning on a policy anniversary.

Example: If the Policy Date is November 21, 2008, the first Policy Year ends on November 20, 2009. The first policy anniversary falls on November 21, 2009.

PREMIUM EXPENSE CHARGE is the charge deducted from premium payments. The Premium Expense Charge will not exceed the Guaranteed Maximum Premium Expense Charge shown on the current Data Pages.

SURRENDER VALUE is the Accumulated Value less any surrender charges.

TARGET PREMIUM is the premium amount used to determine the Premium Expense Charge under the policy. The Target Premium is shown on the current Data Pages.

WE, OUR, US is Principal National Life Insurance Company.

YOU, YOUR is the owner(s) of this policy.

PURCHASING AND KEEPING THE POLICY IN FORCE

PREMIUM PAYMENTS

Your first premium is due on the Policy Date. After that, You may pay premiums at any time while this policy is in force. The amount of Your premiums is subject to the Premium Payment Limits provision. We will give You a receipt on request.

You should identify the purpose of any payment. If You do not, We will apply any payment first to repay any outstanding policy Loan Indebtedness.

PLANNED PERIODIC PREMIUMS

Planned Periodic Premiums are premiums in an amount and on a frequency schedule that You choose. You may elect a frequency schedule of annual, semi-annual, quarterly or a monthly pre-authorized withdrawal from Your bank or other financial institution. You may change either the amount or frequency schedule of Your Planned Periodic Premium by providing Notice to Us. We will send to Your last known address reminder notices for Your Planned Periodic Premium on the annual, semi-annual or quarterly frequency schedule. All premiums, including unscheduled and/or additional premiums, are to be sent to Our Office or to any address we provide on Our premium reminders.

PREMIUM PAYMENT LIMITS

You may make premium payments that are greater than the Planned Periodic Premium. However, We will refund any premiums that would disqualify this policy as "life insurance" as defined in the Internal Revenue Code, Section 7702, as amended. Unless You provide Us Notice, We reserve the right to refund any premiums that would make this policy a modified endowment contract as defined in the Internal Revenue Code, Section 7702A, as amended.

If any premium payment increases the policy's death benefit by more than it increases the Accumulated Value, We reserve the right to refund the premium payment. If the premium payment is not refunded, We may require satisfactory evidence of insurability.

CONTINUATION OF INSURANCE

This policy will continue in force, even if You do not make a premium or loan payment, as long as the Net Surrender Value is sufficient to pay the Monthly Policy Charge which is due on the Monthly Date. If the Net Surrender Value is not sufficient, the Grace Period provision will then apply.

NO LAPSE GUARANTEE TEST

We guarantee this policy will stay in force during the first ten Policy Years when (A minus B) is greater than or equal to C, where:

- A is the sum of premiums paid;
- B is the sum of Loan Indebtedness and partial surrenders; and
- C is the sum of the No Lapse Guarantee Monthly Premiums since the Policy Date up to and including the current Monthly Date.

The No Lapse Guarantee Monthly Premium is shown on the current Data Pages.

GRACE PERIOD

In Policy Years one through ten, a 61-day grace period will begin if (i) You have not met the no lapse guarantee test and (ii) the Net Surrender Value on any Monthly Date is less than the Monthly Policy Charge. In Policy Years 11 and later, a 61-day grace period will begin if the Net Surrender Value on any Monthly Date is less than the Monthly Policy Charge. In all Policy Years, the 61-day grace period begins when We mail a notice of impending policy termination to You, telling You the minimum required payment, payment instructions and the grace period end date. This notice will be sent to Your last address known to Us.

Your policy, including the privileges and rights of the owner(s), will terminate as of the end of the grace period if We have not received the minimum required payment in Our Office.

During the first ten Policy Years, the minimum required payment is the lesser of the cumulative premium shortfall or the Net Surrender Value shortfall, each set forth below.

The cumulative premium shortfall is [A minus B] plus C where:

- A is the cumulative No Lapse Guarantee Monthly Premiums due at the start of the grace period; and
- B is the amount equal to all premiums paid minus the sum of the loan indebtedness and partial surrenders; and
- C is three No Lapse Guarantee Monthly Premiums.

The Net Surrender Value shortfall is [A plus B] divided by C where:

- A is the amount by which the surrender charge is more than the Net Accumulated Value at the start of the grace period after the Monthly Policy Charge is deducted;
- B is three Monthly Policy Charges; and
- C is 1 minus the maximum Premium Expense Charge.

During Policy Years 11 and later, the minimum required payment is the Net Surrender Value shortfall described above.

If the Insured dies during a grace period, We will pay the death proceeds to the beneficiary(ies), subject to the Death Proceeds section.

TERMINATION

All Your policy privileges and rights under this policy terminate:

1. when You surrender Your policy;
2. when the death proceeds are paid;
3. when the maturity proceeds are paid; or
4. when the grace period ends as described in the Grace Period provision. In this case, Your privileges and rights terminate as of the date on which the grace period ends.

REINSTATEMENT

If this policy terminates as described in the Grace Period provision, You may reinstate it provided all of the following are satisfied:

1. Such reinstatement is prior to the Policy Maturity Date;
2. You have not surrendered Your policy;
3. Not more than three years have elapsed since the policy terminated;
4. You supply evidence which satisfies Us that the Insured is alive and is insurable under Our underwriting guidelines then in effect;
5. You either repay or reinstate any Loan Indebtedness on this policy existing at termination; and
6. You make the minimum required payment as described below:
 - (a) During the first ten Policy Years, the minimum required payment is the lesser of the cumulative premium shortfall or the Net Surrender Value shortfall, each set forth below.

The cumulative premium shortfall is [A minus B] plus C where:

 - A is the cumulative No Lapse Guarantee Monthly Premiums due at the end of the grace period; and
 - B is the amount equal to all premiums paid minus the sum of the loan indebtedness and partial surrenders; and
 - C is three No Lapse Guarantee Monthly Premiums.

The Net Surrender Value shortfall is [A plus B] divided by C where:

- A is the amount by which the surrender charge is more than the Net Accumulated Value at the end of the grace period after the Monthly Policy Charge is deducted;
 - B is three Monthly Policy Charges; and
 - C is 1 minus the maximum Premium Expense Charge.
- (b) During Policy Years 11 and later, the minimum required payment is the Net Surrender Value shortfall described above.

Reinstatement will be effective on the Monthly Date on or next following the date We approve it. Your Policy Date will remain the initial Policy Date. The surrender charges, if any, the Premium Expense Charge, and the No Lapse Guarantee Test are calculated based on the number of years the policy was in force. Other charges will be calculated as if the policy never ended.

BENEFITS WHILE THE POLICY IS IN FORCE

CALCULATION OF ACCUMULATED VALUE

Your Accumulated Value on the Policy Date is the Net Premium less the Monthly Policy Charge.

On any day other than the Policy Date, Your Accumulated Value equals:

1. the Accumulated Value on the immediately preceding Monthly Date with interest to the date the Accumulated Value is determined; plus
2. any Net Premiums received since the immediately preceding Monthly Date with interest from the date We received those premiums to the date the Accumulated Value is determined; minus
3. any reductions due to partial surrenders since the immediately preceding Monthly Date with interest from the date of partial surrender to the date the Accumulated Value is determined; minus
4. the Monthly Policy Charge. (This is only deducted if the Accumulated Value is calculated on a Monthly Date.)

ACCUMULATED VALUE INTEREST CALCULATION

We credit interest separately to the Loan Account (see Loan Account provision) and to the balance of the Accumulated Value.

We credit the balance of the Accumulated Value with interest at any rate(s) We determine at Our sole discretion. Interest rates are subject to change at any time at Our sole discretion. We guarantee that any interest rate will never be less than the Guaranteed Interest Crediting Rate shown on the current Data Pages.

All interest rates stated accrue daily and are effective annual rates. We apply these rates to properly reflect the actual date We receive any premium and any changes in policy loan amounts.

POLICY LOANS

You may borrow against Your Accumulated Value with this policy as sole collateral. You may borrow up to Your Net Surrender Value less interest payable and Monthly Policy Charges due through the remainder of the Policy Year.

UNSCHEDULED LOANS - Unscheduled loans are available in all Policy Years.

SCHEDULED LOANS - Scheduled loans are available on any Monthly Date after the first Policy Year. Scheduled loans may occur monthly, quarterly, semi-annually or annually based on the Policy Year. Before scheduled loans are available, You must have withdrawn, through partial surrenders, an amount equal to or exceeding total premiums paid.

LOAN ACCOUNT

If you borrow against Your policy, We will transfer the amount You borrow into Your Loan Account. The effective date of the transfer is the date of the loan. Your Loan Account will be credited with interest from the date of the loan. The Guaranteed Minimum Credited Interest Rate on Your Loan Account is shown on the current Data Pages. The interest rate is an effective annual rate. Interest accrues daily.

LOAN INTEREST CHARGE

Interest charges accrue daily on any Loan Indebtedness at the current annual loan interest rate. The Guaranteed Maximum Loan Interest Charge is shown on the current Data Pages. Interest is due and payable at the end of each Policy Year. Any interest not paid when due is added to the Loan Indebtedness and accrues interest at the same rate.

REPAYMENT

You may repay all or part of a policy loan as long as Your policy is in force. Any Loan Indebtedness at the Insured's death or at the Policy Maturity Date is deducted from the death or maturity proceeds.

You should identify the purpose of any payment. If You do not, We will apply any payment first to repay any outstanding policy Loan Indebtedness.

We will not apply the Grace Period provision of this policy for failure to repay any Loan Indebtedness until the total Loan Indebtedness equals or exceeds Your Surrender Value.

POLICY SURRENDER

You may surrender Your policy in full for its Net Surrender Value by sending Us Notice.

SURRENDER CHARGES

A surrender charge will be deducted from Your Accumulated Value if, within the surrender charge period, this policy is surrendered in full for its Net Surrender Value. No surrender charge will be deducted from the death proceeds or maturity proceeds. The surrender charge will be no greater than the Guaranteed Maximum Surrender Charges shown on the current Data Pages for the Policy Year of surrender.

Surrender charges vary based on the Face Amount, age at issue or adjustment, and gender of the Insured, except for policies issued in connection with employment-related insurance and benefit plans not based on the gender of the Insured. Surrender charges will apply during the Policy Years as shown on the current Data Pages. Any Face Amount increase has its own surrender charge period which begins on the Adjustment Date. The Guaranteed Maximum Surrender Charges on the current Data Pages show the total of the surrender charges for the Initial Face Amount as of the Policy Date plus the surrender charge(s) for any Face Amount increase(s).

Decreases in Face Amount do not decrease the Guaranteed Maximum Surrender Charges shown on the current Data Pages.

PARTIAL SURRENDERS

You may make unscheduled or scheduled partial surrenders of the Net Surrender Value. Your Accumulated Value is reduced by the amount of a partial surrender.

A partial surrender may reduce Your Face Amount. If there have been prior increases in the Face Amount, any subsequent reduction of the Face Amount due to a partial surrender will be taken first from the most recent Face Amount increase, then from each prior Face Amount increase in reverse chronological order, and lastly from the Initial Face Amount. The resulting Face Amount must be at least the Minimum Face Amount for this policy as shown on the current Data Pages.

All partial surrenders will be subject to the limits as defined in the Internal Revenue Code Section 7702, as amended. An increase in Face Amount may be required in order to maintain compliance with the limits.

UNSCHEDULED PARTIAL SURRENDERS - Each Policy Year after the first Policy Year, You may receive up to two unscheduled partial surrenders from the Net Surrender Value, subject to the following:

1. each unscheduled partial surrender must be in an amount not less than the Minimum Unscheduled Partial Surrender Amount shown on the current Data Pages; and
2. the total amount surrendered in any Policy Year may not exceed 75% of the Net Surrender Value as of the date of the first unscheduled partial surrender in a Policy Year.

We reserve the right to impose a transaction fee for each unscheduled partial surrender. The Maximum Transaction Fee is shown on the current Data Pages.

Depending on the Death Benefit Option in effect at the time of the unscheduled partial surrender (see the Death Proceeds section for a description of the Death Benefit Options), the Face Amount may be reduced as described below.

If Death Benefit Option 1 is in effect the Face Amount is reduced by the amount of the unscheduled partial surrender that is not considered a preferred partial surrender, as described below.

A preferred partial surrender is available during Policy Years two through 15, if Death Benefit Option 1 is in effect. The maximum amount of preferred partial surrenders in a Policy Year is equal to the lesser of (A plus B) or C where:

- A is the amount of the partial surrender;
- B is the amount of any preferred partial surrenders in the same Policy Year;
- C is 10% of the Net Surrender Value as of the end of the prior Policy Year.

The total preferred partial surrenders may not exceed Our maximum limits under Our underwriting guidelines then in effect.

The Face Amount reduction will be less if the minimum death benefit, as defined by applicable tax law, is greater than the Face Amount prior to the partial surrender. The Face Amount reduction is the amount determined above that exceeds the difference between the minimum death benefit, as defined by applicable tax law, and the Face Amount prior to the partial surrender.

If Death Benefit Option 2 is in effect, then the Face Amount is not reduced.

If Death Benefit Option 3 is in effect then the Face Amount is reduced by the lesser of A or B where:

- A is the unscheduled partial surrender amount;
- B is the greater of (a) the amount that total partial surrenders exceed total premiums paid, or (b) zero.

The Face Amount reduction will be less if the minimum death benefit, as defined by applicable tax law, is greater than the Face Amount prior to the partial surrender. The Face Amount reduction is the amount determined above that exceeds the difference between the minimum death benefit, as defined by applicable tax law, and the Face Amount prior to the partial surrender.

SCHEDULED PARTIAL SURRENDERS - After the first Policy Year, You may elect to automatically receive part of Your Net Surrender Value on any Monthly Date. You may receive scheduled partial surrenders monthly, quarterly, semi-annually or annually, based on the Policy Year. The amount surrendered may not exceed 90% of the Net Surrender Value as of the effective date of each scheduled partial surrender.

When total partial surrenders equal total premiums paid, scheduled partial surrenders will stop. You may also stop scheduled partial surrenders by sending Us Notice.

Depending on the Death Benefit Option in effect at the time of the scheduled partial surrender (see the Death Proceeds section for a description of the Death Benefit Options), the Face Amount may be reduced as described below.

If Death Benefit Option 1 is in effect the Face Amount is reduced on the first Monthly Date a scheduled partial surrender is effective and on each subsequent policy anniversary. The Face Amount may also be reduced on the Monthly Date any increase to a scheduled partial surrender is effective. The Face Amount is reduced by the amount of total scheduled partial surrenders planned in each Policy Year that are not considered preferred partial surrenders, as described below.

A preferred partial surrender is available during Policy Years two through 15, if Death Benefit Option 1 is in effect. The maximum amount of preferred partial surrenders in a Policy Year is equal to the lesser of (A plus B) or C where:

- A is the amount of the scheduled partial surrenders planned for that Policy Year;
- B is the amount of any preferred partial surrenders in the same Policy Year;
- C is 10% of the Net Surrender Value as of the end of the prior Policy Year.

The total preferred partial surrenders may not exceed Our maximum limits under Our underwriting guidelines then in effect.

The Face Amount reduction will be less if the minimum death benefit, as defined by applicable tax law, is greater than the Face Amount prior to when the scheduled partial surrenders begin. The Face Amount reduction is the amount determined above that exceeds the difference between the minimum death benefit, as defined by applicable tax law, and the Face Amount prior to when the scheduled partial surrenders begin.

If Death Benefit Option 2 is in effect, then the Face Amount is not reduced.

If Death Benefit Option 3 is in effect the Face Amount is reduced on the first Monthly Date a scheduled partial surrender is effective and on each subsequent policy anniversary. The Face Amount may also be reduced on the Monthly Date any increase to a scheduled partial surrender is effective. The Face Amount is reduced by the lesser of A or B where:

- A is the scheduled partial surrender amounts planned for that Policy Year;
- B is the greater of (a) the amount that total partial surrenders exceed total premiums paid, or (b) zero.

The Face Amount reduction will be less if the minimum death benefit, as defined by applicable tax law, is greater than the Face Amount prior to when the scheduled partial surrenders begin. The Face Amount reduction is the amount determined above that exceeds the difference between the minimum death benefit, as defined by applicable tax law, and the Face Amount prior to when the scheduled partial surrenders begin.

POLICY EXPENSES

MONTHLY POLICY CHARGES

On the Policy Date, and each Monthly Date thereafter, We will deduct a Monthly Policy Charge.

The deduction for the Monthly Policy Charge is the sum of the following amounts:

1. the cost of insurance (described below);
2. the cost of additional benefits provided by any rider in effect for the policy month;
3. any additional charges shown on the current Data Pages;
4. the current monthly administration charge, which will not exceed the Maximum Monthly Administration Charge as shown on the current Data Pages; and
5. the current monthly policy issue charge which will not exceed the Maximum Monthly Policy Issue Charge shown on the current Data Pages.

COST OF INSURANCE

The cost of insurance on each Monthly Date is:

1. the cost of insurance rate as described in the Cost Of Insurance Rates provision divided by 1,000; multiplied by
2. the Net Amount At Risk.

COST OF INSURANCE RATES

Cost of insurance rates are determined by Us and will never be higher than the guaranteed maximum rates stated in the Table of Guaranteed Maximum Cost of Insurance Rates shown on Your current Data Pages. We may use rates lower than these guaranteed maximum rates. We determine cost of insurance rates based on, including but not limited to, Our expectations as to Our future investment earnings, expenses, mortality and persistency experience. Any change in these rates applies to all individuals of the same class as the Insured.

Cost of insurance rates at issue and for any Face Amount increases are based on the age at issue and adjustment, duration since issue and adjustment, risk class, and tobacco status of the Insured. Cost of insurance rates are also based on gender of the Insured, except for policies issued in connection with employment-related insurance and benefit plans not based on the gender of the Insured.

PREMIUM EXPENSE CHARGE

We will deduct a current Premium Expense Charge, not to exceed the Maximum Premium Expense Charge shown on the current Data Pages, from each premium payment. The result will be the Net Premium payment.

ADJUSTMENT OPTIONS

REQUESTING AN ADJUSTMENT

You must send Us Notice for any adjustment to Your policy. An adjustment is effective on the Adjustment Date. For a Face Amount increase, the Insured and owner(s) must sign a Notice. Only the owner(s) is required to sign a Notice requesting a Face Amount decrease. The Notice must show the Face Amount desired after adjustment.

ADJUSTING THE FACE AMOUNT

While Your policy is in force You may request an increase or decrease in the Face Amount. Decreases may not be made during the first Policy Year. Any adjustment request is subject to Our approval.

If there have been prior increases in the Face Amount, any subsequent reduction of the Face Amount due to an adjustment will be taken first from the most recent Face Amount increase, then from each prior Face Amount increase in reverse chronological order, and lastly from the Initial Face Amount.

The cumulative Face Amount decrease that will be allowed in Policy Years two through five is 35% of the Initial Face Amount. The cumulative Face Amount decrease does not include Face Amount decreases due to partial surrenders and Death Benefit Option changes.

The request for a decrease in the Face Amount will be subject to the limits defined in the Internal Revenue Code Section 7702, as amended. A decrease may not be allowed if the decrease would cause a refund of premium and/or the distribution of the Accumulated Value in order to maintain compliance with the limits. The Face Amount may not be decreased below the Minimum Face Amount shown on the current Data Pages.

APPROVAL OF AN ADJUSTMENT

Any increase in the Face Amount will be in a risk class We determine, and will be approved if:

1. the Attained Age of the Insured does not exceed Our maximum limits as defined under Our underwriting guidelines then in effect; and
2. the amount of the Face Amount increase is at least the Minimum Face Amount Increase shown on the current Data Pages; and
3. You supply evidence which satisfies Us that the Insured is alive and insurable under Our underwriting guidelines then in effect; and
4. the death proceeds less the Accumulated Value does not exceed Our maximum limits as defined under Our underwriting guidelines then in effect; and
5. Your policy is not in a grace period; and
6. the Face Amount after adjustment is not less than the Minimum Face Amount shown on the current Data Pages; and
7. Your Monthly Policy Charges are not being waived under any rider.

DEATH PROCEEDS

We will pay the death proceeds to the beneficiary(ies) subject to the provisions of this policy, after We receive Notice and due proof that the Insured died while the policy was in force and before the Policy Maturity Date. We require notification of the Insured's death as soon as it occurs, or as soon thereafter as is reasonably possible. Proof of death includes documentation necessary to pay the death proceeds. The death proceeds, determined as of the date of the Insured's death, are A minus B where:

- A is the death benefit described below plus any proceeds from any benefit rider on the Insured's life; and
- B is any Loan Indebtedness and, if the Insured's death occurs during a grace period, any overdue Monthly Policy Charges.

Any premium received after the date of death will be paid to the beneficiary(ies) and will not be included in the calculation of the death proceeds. With Our consent a different arrangement for the return of premium may be specified prior to the payment of the death proceeds.

We will pay interest on death proceeds as required by law.

DEATH BENEFIT OPTIONS

This policy provides three Death Benefit Options. The Death Benefit Option in effect is shown on the current Data Pages. Option 3 is available only at policy issue.

Option 1.

Under option 1, the death benefit equals the greater of:

- 1. the Face Amount; or
- 2. the amount found by multiplying Your Accumulated Value by the applicable percentage shown in the Table Of Applicable Percentages For Death Benefit Options on the current Data Pages.

Option 2.

Under option 2, the death benefit equals the greater of:

- 1. the Face Amount plus Your Accumulated Value; or
- 2. the amount found by multiplying Your Accumulated Value by the applicable percentage shown in the Table Of Applicable Percentages For Death Benefit Options on the current Data Pages.

Option 3.

Under option 3, the death benefit equals the greater of:

- 1. the Face Amount plus the greater of: a) premiums paid less partial surrenders; or b) zero; or
- 2. the amount found by multiplying Your Accumulated Value by the applicable percentage shown in the Table of Applicable Percentages For Death Benefit Options on the current Data Pages.

CHANGES IN DEATH BENEFIT OPTIONS

You may change the Death Benefit Option on or after the first policy anniversary. A change in the Death Benefit Option will result in a Face Amount adjustment so that the Net Amount At Risk is the same immediately before and after the change.

If there have been prior increases in the Face Amount, any subsequent reduction of the Face Amount due to a change in Death Benefit Option will be taken first from the most recent Face Amount increase, then from each prior Face Amount increase in reverse chronological order, and lastly from the Initial Face Amount. The Face Amount after any reduction must be at least the Minimum Face Amount allowed, which is shown on the current Data Pages. Changes in Death Benefit Options may require proof of insurability which satisfies Us under Our then current underwriting guidelines.

To request a change in the Death Benefit Option, You must send Us Notice. A change approved on a Monthly Date will be effective on that Monthly Date. A change approved on any day other than a Monthly Date will be effective on the next following Monthly Date. If a Face Amount increase results from a Death Benefit Option change, We will not apply a surrender charge to the amount of the increase. Death Benefit Option changes are limited to two per Policy Year and, on the effective date of the change, the following apply:

1. If the change is from option 1 to option 2, We will reduce the Face Amount by the Accumulated Value.
2. If the change is from option 2 to option 1, We will increase the Face Amount by the Accumulated Value.
3. If the change is from option 3 to option 1, We will increase the Face Amount by the amount that the total premiums paid exceed partial surrenders to the date of the change.
4. If the change is from option 3 to option 2, the Face Amount will be adjusted by an amount determined by subtracting the Accumulated Value from the greater of: a.) total premiums paid less partial surrenders and b.) zero.
5. You may not change from option 1 to option 3, or from option 2 to option 3.
6. A Death Benefit Option change will be subject to the limits as defined in the Internal Revenue Code Section 7702, as amended. An additional increase in Face Amount may be required in order to maintain compliance with the limits.

MATURITY PROCEEDS

If the Insured is living on the Policy Maturity Date, and there is no rider extending the Policy Maturity Date, We will pay You the policy's maturity proceeds, which are equal to the Net Surrender Value.

BENEFIT PAYMENT OPTIONS

In lieu of a lump sum payment, You may elect a benefit payment option for payment of the death, maturity, or surrender proceeds. If no benefit payment option has been elected before the Insured's death, the beneficiary may apply the death proceeds to a benefit payment option.

Once the proceeds are applied under a benefit payment option, this policy is terminated and a supplementary contract is issued. The Company reserves the right, at its discretion, to provide a supplementary contract issued by itself, by an affiliated company, or by a non-affiliated issuer of annuity contracts.

BENEFIT PAYMENT CONDITIONS

Election of any benefit payment option is subject to the following conditions:

1. Any amount payable to an assignee will be paid in one lump sum. Any remaining proceeds will then be applied to the elected benefit payment option.
2. No changes may be made to the benefit payment option once a supplementary contract is issued.
3. The proceeds applied must be at least \$25,000.00.
4. Benefit payment options are restricted if the recipient of benefits is not a natural person.
5. We reserve the right to require evidence of age, gender where applicable, and continuing survival.
6. Under Options B, C, D, and E, one of the persons on whose life payments are based must be the owner, Insured, or beneficiary.

DESCRIPTION OF BENEFIT PAYMENT OPTIONS

OPTION A, CUSTOM: A custom benefit arrangement can be designed with the Company's written approval.

OPTION B, LIFE INCOME: We will make benefit payments during the person's lifetime. The minimum monthly life income is shown in the Option B Tables below. Payments cease when the person dies.

OPTION C, LIFE INCOME WITH GUARANTEED PERIOD: We will make benefit payments for the longer of the person's lifetime or a guaranteed period that You select. The minimum monthly life income for an elected 10-year guaranteed period is shown in Option C Table below. If the person dies after payments begin but before the end of the guaranteed period, the remaining payments will be paid to the named beneficiary(ies) under the benefit payment option.

OPTION D, JOINT AND SURVIVOR LIFE INCOME: We will make benefit payments during the lifetime of two persons. The minimum monthly joint and 100% survivor life income is shown in the Option D Tables below. Payments cease when both persons have died.

OPTION E, JOINT AND SURVIVOR LIFE INCOME WITH GUARANTEED PERIOD: We will make benefit payments for the longer of the lifetimes of two persons or a guaranteed period that You select. The minimum monthly joint and 100% survivor life income for an elected 10-year guaranteed period is shown in the Option E Tables below. If both persons die after payments begin but before the end of the guaranteed period, the remaining payments will be paid to the named beneficiary(ies) under the benefit payment option.

BENEFIT OPTIONS B, C, D, and E: These benefit options are based on the Annuity 2000 Mortality Table with mortality projected 40 years by projection Scale G and 3.0% interest. Payments will be in an amount We determine but not less than guaranteed by this section. Benefit options are also based on the gender of the payee except for policies issued in states that require unisex tables or in connection with benefit plans not based on the gender of the Insured.

OPTION B TABLES

These tables show the minimum monthly life income for each \$1,000 of proceeds applied. We will make the first payment on the effective date of the supplementary contract.

Age of Male Payee	Life Income	Age of Female/Unisex Payee	Life Income
55	4.03	55	3.78
56	4.10	56	3.84
57	4.18	57	3.90
58	4.25	58	3.96
59	4.33	59	4.03
60	4.42	60	4.10
61	4.51	61	4.17
62	4.61	62	4.25
63	4.71	63	4.34
64	4.82	64	4.43
65	4.94	65	4.52
66	5.07	66	4.63
67	5.20	67	4.74
68	5.35	68	4.85
69	5.50	69	4.98
70	5.66	70	5.11
71	5.83	71	5.25
72	6.01	72	5.41
73	6.19	73	5.57
74	6.40	74	5.75
75	6.61	75	5.94
85	9.75	85	8.84
95	15.68	95	14.27

OPTION C TABLES

These tables show the minimum monthly life income for an elected 10-year guaranteed period for each \$1,000 of proceeds applied. We will make the first payment on the effective date of the supplementary contract.

Age of Male Payee	10-Year Guaranteed Period	Age of Female/Unisex Payee	10-Year Guaranteed Period
55	4.01	55	3.77
56	4.08	56	3.82
57	4.15	57	3.88
58	4.22	58	3.94
59	4.30	59	4.01
60	4.38	60	4.08
61	4.46	61	4.15
62	4.55	62	4.23
63	4.65	63	4.31
64	4.75	64	4.39
65	4.85	65	4.48
66	4.96	66	4.58
67	5.08	67	4.68
68	5.20	68	4.79
69	5.32	69	4.90
70	5.46	70	5.02
71	5.59	71	5.15
72	5.73	72	5.28
73	5.88	73	5.42
74	6.03	74	5.57
75	6.18	75	5.72
85	7.88	85	7.53
95	9.19	95	9.01

OPTION D TABLES

These tables show the minimum monthly joint and 100% survivor life income for each \$1,000 of proceeds applied. We will make the first payment on the effective date of the supplementary contract.

Age of Male Payee	Age of Female Payee							
	55	60	62	65	70	75	85	95
60	3.58	3.75	3.81	3.91	4.05	4.17	4.33	4.39
62	3.61	3.79	3.86	3.97	4.14	4.29	4.49	4.57
65	3.65	3.85	3.94	4.07	4.28	4.48	4.76	4.88
70	3.69	3.94	4.04	4.21	4.51	4.80	5.27	5.52
75	3.73	4.00	4.12	4.32	4.69	5.10	5.86	6.32
85	3.76	4.06	4.21	4.45	4.95	5.58	7.11	8.46
95	3.77	4.09	4.24	4.50	5.06	5.82	8.08	10.90

Age of Older Unisex Payee	Age of Younger Unisex Payee							
	55	60	62	65	70	75	85	95
60	3.53	3.67						
62	3.57	3.72	3.78					
65	3.61	3.79	3.86	3.97				
70	3.67	3.89	3.99	4.13	4.37			
75	3.71	3.97	4.08	4.27	4.60	4.94		
85	3.76	4.05	4.19	4.43	4.91	5.50	6.85	
95	3.77	4.08	4.23	4.50	5.05	5.79	7.94	10.46

OPTION E TABLES

These tables show the minimum monthly joint and 100% survivor life income with and elected 10-year guaranteed period for each \$1,000 of proceeds applied. We will make the first payment on the effective date of the supplementary contract.

Age of Male Payee	Age of Female Payee							
	55	60	62	65	70	75	85	95
60	3.58	3.75	3.81	3.91	4.05	4.17	4.31	4.37
62	3.61	3.79	3.86	3.97	4.14	4.29	4.47	4.54
65	3.65	3.85	3.94	4.07	4.28	4.47	4.73	4.83
70	3.69	3.93	4.04	4.21	4.50	4.78	5.22	5.41
75	3.72	3.99	4.11	4.31	4.68	5.08	5.76	6.10
85	3.76	4.05	4.20	4.44	4.92	5.51	6.79	7.62
95	3.77	4.07	4.22	4.48	5.01	5.69	7.38	8.70

Age of Older Unisex Payee	Age of Younger Unisex Payee							
	55	60	62	65	70	75	85	95
60	3.53	3.67						
62	3.57	3.72	3.78					
65	3.61	3.79	3.86	3.97				
70	3.67	3.89	3.98	4.13	4.37			
75	3.71	3.96	4.08	4.26	4.59	4.92		
85	3.75	4.05	4.19	4.42	4.89	5.44	6.60	
95	3.76	4.07	4.22	4.47	5.00	5.67	7.31	8.56

OWNER, BENEFICIARY, ASSIGNMENT

OWNER

The owner(s) is as named in the application unless You change ownership as provided in the Change Of Owner Or Beneficiary provision. As owner(s), You may exercise every right and privilege provided by Your policy, subject to the rights of any irrevocable beneficiary(ies). Your ownership rights and privileges continue while Your policy is in force. If an owner dies before the policy terminates, the surviving owner(s), if any, shall succeed to that person's ownership interest, unless otherwise specified. If all owners die before the policy terminates, the policy will pass to the Insured. With Our consent, You may specify a different arrangement for contingent ownership.

BENEFICIARY

The beneficiary(ies) named in the application will receive the death proceeds unless You change the beneficiary designation as provided in the Change Of Owner Or Beneficiary provision. If any beneficiary dies before the Insured, We will pay the death proceeds to any surviving beneficiary(ies) according to the terms of the beneficiary designation then in effect. If no beneficiary(ies) survives the Insured, the death proceeds will be paid to the surviving owner(s) in equal percentages or, if applicable, to the last surviving owner's estate unless otherwise specified.

If the beneficiary(ies) is not a natural person, we may require proof the beneficiary(ies) is a validly existing entity immediately prior to making payment but no later than 180 days following the death of the Insured. If proof cannot be provided, then the beneficiary(ies) will be deemed not to have survived the Insured.

CHANGE OF OWNER OR BENEFICIARY

You may change the owner(s) or beneficiary(ies) of this policy by sending Us Notice. Our approval is needed and no change is effective until We approve it. Once approved, the change is effective as of the date You signed the request. We may require that You send Us this policy so We can record the change.

BENEFIT INSTRUCTIONS

While the Insured is alive, You may send Us instructions for the payment of the death proceeds under one of the benefit payment options. Such instructions, or change of instructions, must be in a format We specify. We must approve the arrangement chosen before any payment is made. If You change beneficiary(ies), prior benefit instructions are revoked.

ASSIGNMENT

You may assign Your policy as collateral for a loan by providing Us with an original or a certified copy of the assignment which must be in a form acceptable to Us. We assume no responsibility for the assignment's validity. An assignment does not change the ownership of the policy. The rights of beneficiaries, whenever named, except for irrevocable beneficiaries named prior to Our receipt in Our Office of the assignment, become subordinate to those of the assignee. The assignment becomes effective on the date We receive it and is subject to any action taken by Us prior to that date.

GENERAL INFORMATION

THE CONTRACT

This policy, the attached application(s) and riders or endorsements, any amendments to the application(s), any adjustment and reinstatement application(s), and the current Data Pages make up the entire contract. Any statements made in the application(s), an adjustment application(s) or any amendments to the application(s) will be considered representations and not warranties. No statement, unless made in an application(s), or amendments thereto, will be used to void Your policy (or void an adjustment in case of an adjustment application(s)) or to defend against a claim.

ALTERATIONS

This policy may be altered by mutual agreement, but any alterations must be in writing and signed by one of Our corporate officers. No one else, including the agent, may change the contract or waive any provisions.

RISK RECLASSIFICATION

You may request a change in risk class while Your policy is in force. The written request for a change must be submitted in a form satisfactory to Us. The reclassification will be subject to Our then current underwriting guidelines. The new risk class will be a risk class We determine but will not be less favorable than the Insured's current risk class. Upon approval, We will provide written confirmation of the change to the most recent address We have on record for You.

REQUESTING ADDITIONAL BENEFITS BY RIDER

You may request that additional benefits provided by rider(s) be added to Your policy after the Policy Date. The written request to add additional rider(s) must be submitted in a form satisfactory to Us. The addition of rider(s) will be subject to their availability at the time the request is received and subject to Our then current underwriting guidelines. Upon approval, We will send the requested rider(s) to the most recent address We have on record for You.

INCONTESTABILITY

With respect to statements made in the initial application(s) for this policy, We will not contest this policy after the policy has been in force during the lifetime of the Insured for two years from the Policy Date. With respect to statements made in any subsequent application(s) for additional coverage or reinstatement application(s), We will not contest the additional coverage or reinstated coverage resulting from such application(s) after the additional coverage or reinstated coverage has been in force during the lifetime of the Insured for two years from the date of the adjustment or reinstatement. The time limits in this Incontestability provision do not apply to fraudulent misrepresentations.

MISSTATEMENT OF AGE OR GENDER

If the age, or gender where applicable, of the Insured has been misstated, the death benefit will be that which would be purchased by the most recent cost of insurance rate charge at the correct age, or gender where applicable, of the Insured.

DEFERMENT

We have the right to defer payment of policy loans or surrenders for up to six months after We receive the written loan or surrender request, except when the loan is made to pay premiums to Us.

SUICIDE

This policy's death proceeds will not be paid if the Insured dies by suicide, while sane or insane, within two years of the Policy Date. Instead, We will return all premiums paid, less any Loan Indebtedness, less any partial surrenders. This amount will be paid to the beneficiary(ies).

Any death proceeds that are a result of a Face Amount increase made under the Adjustment Options section or under any attached rider will not be paid if the Insured dies by suicide, while sane or insane, within two years of the Adjustment Date. Instead, We will return the sum of the Monthly Policy Charges paid for the increased amount of protection. This amount will be paid to the beneficiary(ies).

BASIS OF VALUES

Guaranteed maximum cost of insurance rates are based on the mortality table referenced on the current Data Pages.

Where required, We filed a detailed statement of the method of calculating values and benefits with the insurance department of the state in which this policy is written. The guaranteed values are greater than or equal to those required by any state law.

STATEMENT OF VALUE

You will receive an annual policy statement once each year until the policy terminates. The statement will show:

1. the current death benefit;
2. the current Accumulated Value and Surrender Value;
3. all premiums paid since the last statement;
4. the interest credited by Us since the last statement;
5. all charges since the last statement;
6. any Loan Indebtedness; and
7. any partial surrenders since the last statement.

CURRENT ILLUSTRATION

After the first Policy Year, You may annually request, without charge, a current illustration of Your policy.

APPLICABLE TAX LAW

This policy must qualify initially and continue to qualify as life insurance under the Internal Revenue Code and all related regulatory materials ("Code") in order for You to receive the tax treatment accorded to life insurance under the Code. Therefore, to maintain this qualification to the maximum extent permitted by law, We reserve the right to return any premium payments that would cause this policy to fail to qualify as life insurance under the Code as interpreted by Us. Further, We reserve the right to make changes in this policy, to disallow policy adjustments or to make distributions from the policy to the extent We deem necessary, in Our sole discretion, to continue to qualify this policy as life insurance. Any such changes will apply uniformly to all policies that are affected.

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FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY Benefits are payable at the earlier of the Policy Maturity Date or the death of the Insured. Flexible premiums are payable until the earlier of the Policy Maturity Date or the death of the Insured. The death benefit is adjustable subject to specified requirements and limits. This policy is non-participating.



Principal National Life
Insurance Company
Des Moines, Iowa 50392-0001

DATA PAGES

Flexible Premium Universal Life

POLICY DATA

Policy Number: [Sample] 1.
Owner(s): [John Doe] 2.

For additional owners or subsequent ownership changes, see application or letter(s) of acknowledgement.

Insured's Name: [John Doe] 3.
Insured's Risk Class: [Standard Nontobacco] 4.
5.

Insured's Age and Gender: [35, Male] 6.

Policy Date: [May 1, 2009] 7.
8. 9.

Policy Maturity Date: [April 30, 2095] 10.

Face Amount: [\$50,000] 11.

Death Benefit Option: Option [1] 12.

Life Insurance Qualification Test: [Guideline Premium Test] 13.

PLANNED PERIODIC PREMIUM: [\$500.00] 14.
Planned Premium Frequency: [Annual] 15.

No Lapse Guarantee Monthly Premium [\$23.79] 16.
Applicable during the first ten Policy Years
only

If sufficient premiums are paid, this policy provides life insurance protection on the Insured until the Policy Maturity Date. You may have to pay more than the Planned Periodic Premium shown above to keep this policy and coverage in force until the Policy Maturity Date, and to keep any additional benefit riders in force. Any changes made to Your policy and/or the amount, frequency and timing of premium payments may have a direct impact on the policy's values and guarantees. Refer to the contract for a detailed explanation.

This policy allows adjustments under the Adjustment Options section. If it is adjusted under that section, We will send You new Data Pages. The Data Pages are to be attached to and made a part of this policy. Where new Data Pages conflict with previous Data Pages, the new Data Pages will govern.

The guaranteed interest crediting rate is 3%.

The Guaranteed Loan Interest Crediting Rate on the Loan Account is 4%.

The Guaranteed Maximum Loan Interest Charge: the fixed loan interest charge is a maximum of 5.5% in Policy Years 1-10 and 4.0% in Policy Years 11 and after.

CHARGES AND LIMITS

- Guaranteed Maximum Surrender Charges per policy:

A surrender charge will be deducted from Your policy's Accumulated Value if this policy is surrendered in full for its Net Surrender Value or if this policy terminates within 19 years from issue or Face Amount increase. Any Face Amount increase will have its own surrender charge and surrender charge period.

The Guaranteed Maximum Surrender Charge for each Policy Year is shown in the table below, subject to adjustment for any Face Amount increases that are described in the Adjustment Options section of this policy.

<u>Policy Year</u>	<u>Amount</u>
1	\$1,001.00
2	988.99
3	975.98
4	963.96
5	950.95
6	937.94
7	924.92
8	910.91
9	896.90
10	815.82
11	733.73
12	652.65
13	570.57
14	489.49
15	407.41
16	326.33
17	244.24
18	163.16
19	81.08
20 and later	0.00

- Guaranteed Maximum Premium Expense Charge is [10.0]% of premium received up to Target Premium in each Policy Year and [10.0]% of premium received in excess of Target Premium in each Policy Year. **18.**
Target Premium: \$[337.00] **18(a).**
- The Maximum Monthly Policy Issue Charge, deducted on a monthly basis, is \$[0.05938] per \$1,000 of Face Amount for all Policy Years. Any Face Amount increase will have its own Maximum Monthly Policy Issue Charge. **19.**
- The Maximum Monthly Administration Charge, deducted on a monthly basis, is [\$10.00]. **20.**
- The Maximum Transaction Fee for each unscheduled partial surrender is the lesser of \$[25] or 2% of the partial surrender amount. **21.**
- The Minimum Face Amount: [\$50,000] **22.**
- The Minimum Face Amount Increase: [\$50,000] **23.**
- The Minimum Unscheduled Partial Surrender Amount is \$500.

24.

TABLE OF GUARANTEED MAXIMUM COST OF INSURANCE RATES

Monthly Rates Per \$1,000.00 of Net Amount at Risk

Insured's Attained Age	Monthly Rate	Insured's Attained Age	Monthly Rate	Insured's Attained Age	Monthly Rate	Insured's Attained Age	Monthly Rate
35	0.10083	58	0.69250	81	6.80750	104	49.12417
36	0.10667	59	0.75250	82	7.57167	105	52.56167
37	0.11167	60	0.82583	83	8.40083	106	56.38250
38	0.12000	61	0.91750	84	9.32750	107	60.65333
39	0.12833	62	1.02750	85	10.38250	108	65.45000
40	0.13750	63	1.15083	86	11.56750	109	70.87250
41	0.14917	64	1.28083	87	12.87917	110	77.05083
42	0.16333	65	1.41750	88	14.30667	111	83.33333
43	0.17917	66	1.55500	89	15.84083	112	83.33333
44	0.19917	67	1.69250	90	17.47083	113	83.33333
45	0.22083	68	1.84250	91	19.02833	114	83.33333
46	0.24167	69	1.99583	92	20.68500	115	83.33333
47	0.26500	70	2.17833	93	22.46750	116	83.33333
48	0.27833	71	2.38250	94	24.39333	117	83.33333
49	0.29417	72	2.65500	95	26.47583	118	83.33333
50	0.31417	73	2.94083	96	28.42750	119	83.33333
51	0.33917	74	3.24083	97	30.56000	120	83.33333
52	0.37333	75	3.57417	98	32.89917		
53	0.41167	76	3.93917	99	35.47500		
54	0.46000	77	4.36500	100	38.32333		
55	0.51583	78	4.86333	101	40.65167		
56	0.57583	79	5.44250	102	43.20750		
57	0.63917	80	6.07833	103	46.02000		

[Basis of Values: Guaranteed maximum cost of insurance rates are based on 2001 CSO Mortality Unismoke Table, age nearest birthday, with distinction for the Insured's Gender.] **25.**

26.

TABLE OF APPLICABLE PERCENTAGES FOR DEATH BENEFIT OPTIONS

This policy complies with Section 7702 of the Internal Revenue Code under the [Guideline Premium Test], which requires that the total death benefit is greater than or equal to the Accumulated Value multiplied by the applicable percentage from the following table.

Insured's Attained Age	Percentage of Accumulated Value	Insured's Attained Age	Percentage of Accumulated Value	Insured's Attained Age	Percentage of Accumulated Value
35	250.00	64	122.00	93	102.00
36	250.00	65	120.00	94	101.00
37	250.00	66	119.00	95	101.00
38	250.00	67	118.00	96	101.00
39	250.00	68	117.00	97	101.00
40	250.00	69	116.00	98	101.00
41	243.00	70	115.00	99	101.00
42	236.00	71	113.00	100	101.00
43	229.00	72	111.00	101	101.00
44	222.00	73	109.00	102	101.00
45	215.00	74	107.00	103	101.00
46	209.00	75	105.00	104	101.00
47	203.00	76	105.00	105	101.00
48	197.00	77	105.00	106	101.00
49	191.00	78	105.00	107	101.00
50	185.00	79	105.00	108	101.00
51	178.00	80	105.00	109	101.00
52	171.00	81	105.00	110	101.00
53	164.00	82	105.00	111	101.00
54	157.00	83	105.00	112	101.00
55	150.00	84	105.00	113	101.00
56	146.00	85	105.00	114	101.00
57	142.00	86	105.00	115	101.00
58	138.00	87	105.00	116	101.00
59	134.00	88	105.00	117	101.00
60	130.00	89	105.00	118	101.00
61	128.00	90	105.00	119	101.00
62	126.00	91	104.00	120	101.00
63	124.00	92	103.00	121+	101.00

27.

RIDER DATA

SN 12 Accelerated Benefits Rider

Effective Date: [May 1, 2009] **28.**
Maximum Administrative Fee: \$150
Accelerated Benefits Cap Maximum: \$1,000,000

SN 10 Aviation Exclusion Rider

Effective Date: [May 1, 2009] **28.**

SN 7 Change of Insured Rider

Effective Date: [May 1, 2009] **28.**
Expiration Date: To Insured's Attained Age 70

SN 13 Children Term Insurance Rider

Effective Date: [May 1, 2009] **28.**
Number of Units: [5 units] **30.**
Insurance Benefit: [\$5,000] **31.**
Expiration Date: To Insured's Attained Age 65
Annual Cost of Insurance Rate per Unit: \$6.35
Risk Class: [Standard] **32.**
Minimum number of units: 5 units
Maximum number of units: 1 unit for each \$5,000 of policy face amount up to \$25,000 per insured child.

33.

SN 14 Cost of Living Increase Rider

Effective Date: [May 1, 2009] **28.**
Expiration Date: [April 30, 2029] **29.**
Minimum Cost of Living Increase: \$1,000
Maximum Cost of Living Increase: Lesser of \$100,000 or 30% of Cost of Living Base
Current Cost of Living Base: [\$50,000] **34.**

SN 9 Extended Coverage Rider

Effective Date: [May 1, 2009] **28.**

SN 11 Hazardous Sports Exclusion Rider

Effective Date: [May 1, 2009] **28.**

SN 25 Life Paid-Up Rider (Overloan Protection)

Effective Date: [May 1, 2009] **28.**
Life Paid-Up Rider Charge: Maximum of [7.5%] of Accumulated Value
Guaranteed Minimum Loan Indebtedness Percent: [92%] of Surrender Value **36.**
Death Benefit Factor: 105%
Minimum Policy Duration: 15 Years

SN 8 Salary Increase Rider

Effective Date: [May 1, 2009] **28.**
Expiration Date: [April 30, 2039] **29.**
Salary Review Date: [May 1] **37.**
Multiplier: [2.00000] **38.**
Maximum Increase Percentage: [20%] **39.**
Maximum Increase Amount: [\$30,000] **40.**
Maximum Lifetime Increase Amount: [\$1,000,000] **41.**

Charge per month: [\$0.00] **42.**

43.

SN 26 Waiver of Monthly Policy Charge Rider

Effective Date: [May 1, 2009] **28.**
Termination: To Insured's Attained Age 65 unless a waiver period is in effect

Guaranteed Maximum Cost of Waiver Rates
Monthly rates per \$1,000.00 of Net Amount at Risk

44.

Insured's Attained Age	Monthly Rate	Insured's Attained Age	Monthly Rate
35	0.00908	50	0.05027
36	0.00960	51	0.06444
37	0.01117	52	0.07840
38	0.01200	53	0.09468
39	0.01283	54	0.11500
40	0.01375	55	0.13928
41	0.01492	56	0.18427
42	0.01633	57	0.23010
43	0.01971	58	0.24930
44	0.02191	59	0.27843
45	0.02429	60	0.24775
46	0.02900	61	0.21103
47	0.03445	62	0.18495
48	0.03897	63	0.16112
49	0.04413	64	0.12808

The Guaranteed Maximum Cost of Waiver Rates above are based on a waiver rating of [1.0] times standard rates.

45.

ACCELERATED BENEFITS RIDER

This rider is part of Your policy. All policy definitions, provisions, and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is the same as the Policy Date unless another date is shown on the current Data Pages.

BENEFIT

We will pay an accelerated benefit if the Insured is terminally ill, subject to the provisions of this rider. The maximum accelerated benefit You may receive is the lesser of:

1. The Accelerated Benefits Maximum shown on the current Data Pages; or
2. 75% of the eligible face amount minus any outstanding policy loans, unpaid loan interest and previously paid accelerated benefit.

We will pay the accelerated benefit as a lump sum. Payments other than as a lump sum may be made at Your request, subject to Our approval. The minimum amount of any payment is \$500.00. We may charge a one time administrative expense fee up to the maximum which is shown on the current Data Pages.

ELIGIBLE FACE AMOUNT

The eligible face amount equals Your death benefit as defined in the policy.

INTEREST CHARGE

We charge interest on the amount of the accelerated benefit. The interest accrues daily at the same interest rate as the policy loan interest rate shown on the current Data Pages. On the policy anniversary, the accrued interest will be added to the accelerated benefit and bear interest at the rate then in effect. Additional interest will not accrue if the accelerated benefit plus accrued interest equals the eligible face amount.

EFFECT ON YOUR POLICY

The accelerated benefit will first be used to repay any outstanding policy loans and unpaid loan interest. The accelerated benefit plus its accrued interest will be treated as a lien against the policy values. Your access to the Net Surrender Value of Your policy through policy loans, partial surrenders or full surrender is limited to any excess of Net Surrender Value over the accelerated benefit and its accrued interest. Death proceeds, as defined in the policy, will be reduced by the amount of the accelerated benefit plus accrued interest. Any benefits payable under riders attached to Your policy are not affected by any benefit paid under this rider.

PROOF OF TERMINAL ILLNESS

We will pay an accelerated benefit to You after We receive proof satisfactory to Us that the Insured's life expectancy is 12 months or less from the date We receive Notice requesting an accelerated benefit. This proof must include the certification of a licensed physician, who is not yourself or a member of Your family. We reserve the right to obtain a second medical opinion at Our expense.

CLAIMS

You may request an accelerated benefit by sending Us Notice. Upon receipt of Your Notice, We will provide a claim form within 10 working days.

CONDITIONS

The payment of any accelerated benefit is subject to the following conditions:

1. The policy must be in force.
2. The policy must not be assigned except to Us as security for a loan.
3. The payment of an accelerated benefit must be approved by any irrevocable beneficiary.
4. This rider provides for the accelerated payment of the death proceeds of Your policy. This is not meant to cause You to involuntarily access proceeds ultimately payable to the beneficiary. Therefore, You are not eligible for this benefit:
 - a. If You are required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - b. If You are required by a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

TERMINATION

This rider ends on the first of:

1. The termination of Your policy; or
2. Our receipt of Your Notice to cancel this rider. We may require You to send Your policy to Our office to record the cancellation.

REINSTATEMENT

This rider may be reinstated as part of Your policy.

[
Deanna D. Strable - Soethout
President
]

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

AVIATION EXCLUSION RIDER

This rider is part of Your policy. All policy definitions, provisions and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is the same as the Policy Date unless another date is shown on the current Data Pages.

If the Insured dies in an "excluded circumstance" (see below), We will pay only this rider's "limited benefit" (see below), even if there is other language in Your policy to the contrary.

DEFINITION

AIRCRAFT - means any contrivance now or hereafter invented, which is capable of sustained travel, throughout air, space or both. Such term shall include:

1. Conventional Aircraft – means a vehicle used or designed solely for navigation of or flight in, the air; and
2. Space Vehicle – means a conveyance intended for launch, launched or assembled in outer space (including by way of example, space shuttles), any equipment components, devices and parts of a transportation, communication, information or other system employed in outer space.

EXCLUDED CIRCUMSTANCES

Death occurring in any of the following situations is death in an "excluded circumstance" for purposes of this rider:

1. As a direct or indirect result of operating, riding in or descending from any kind of aircraft on or in which the Insured either:
 - a. Is a pilot or member of the operating crew;
 - b. Is giving or receiving any kind of training or instruction; or
 - c. Has any assigned duties whatsoever in connection with or pertaining to such aircraft, its operation or purpose of flight (passengers or cargo); or
2. As a result of jumping or parachuting from any aircraft.

LIMITED BENEFITS

The limited benefit will be the Net Surrender Value as of the date of death.

[
Deanna D. Strable - Soethout
President
]

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

CHANGE OF INSURED RIDER

This rider is part of Your policy. All policy definitions, provisions and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is shown on the current Data Pages. There is no charge for this rider.

DEFINITIONS

CHANGE OF INSURED DATE is the Monthly Date next following Our approval of a requested Change of Insured application. The insurance on the new Insured will be effective on the Change of Insured Date.

EXAMPLE: If the Policy Date is June 5, 2006, and Your requested Change of Insured is approved on April 20, 2008, the Change of Insured Date will be May 5, 2008.

CHANGE OF INSURED PRIVILEGE

You may name a new Insured for this policy if:

1. You are the original and current owner of this policy;
2. This policy is in force and is not in a grace period;
3. Benefits are not being granted under any rider due to the Insured's disability;
4. You have an insurable interest in the life of the proposed new Insured;
5. The new Insured's Attained Age is 69 or under on the Change of Insured Date; and
6. You supply evidence which satisfies Us of the proposed new Insured's insurability under Our underwriting guidelines then in effect.

We will send You new Data Pages reflecting the change of Insured.

LIMITATIONS AND CONDITIONS

1. The Face Amount and Accumulated Value will remain the same.
2. The maximum surrender charges per policy shown on Your current Data Pages will be replaced with a new table based on the new Insured's age on the birthday nearest to the Policy Date, tobacco status and gender, except for policies issued in connection with employment related insurance and benefit plans not based on the gender of the Insured.
3. The surrender charge period continues and does not change.
4. Any benefit riders which are part of this policy terminate on the Change of Insured Date. Riders may be added for the new Insured only with Our consent.
5. Any Loan Indebtedness secured by Your policy will remain and will continue to be subject to the conditions of the Policy Loans section of Your policy.
6. Monthly Policy Charges will be based on the new Insured's Attained Age and risk class.
7. Your policy will remain subject to any existing assignments.

INCONTESTABILITY

We will not claim Your policy is void or deny payment of any proceeds after it has been in force during the Insured's lifetime for two years from the Change of Insured Date for the new Insured, except for any claim for total disability or accidental death benefits Your policy may provide.

Any Face Amount increase made after the Change of Insured Date has its own two year contestability period which begins on the Adjustment Date.

The time limits in this provision do not apply to fraudulent misrepresentations.

SUICIDE

The death proceeds of the policy will not be paid if the new Insured dies by suicide, while sane or insane, within two years of the Change of Insured Date. Instead, We will pay the Net Surrender Value as of the date of death.

TERMINATION

This rider terminates on the first of:

1. the Insured's Attained Age 70;
2. termination of Your policy; or
3. the death of the Insured under Your policy while it is in force.

REINSTATEMENT

This rider may be reinstated as part of Your policy, subject to Our then current underwriting guidelines and all rider provisions.

[
Deanna D. Strable - Soethout
President
]

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

CHILDREN TERM INSURANCE RIDER

This rider is part of Your policy. It is issued in consideration of the application and deduction from the Accumulated Value of the monthly cost of children term insurance benefits provided by this rider. All policy definitions, provisions and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is shown on the current Data Pages.

DEFINITION

INSURED CHILD is:

1. any child, stepchild or legally adopted child of the Insured who is less than 18 years of age on the date of the application for this rider; or
2. any child of the Insured born after the date of the application for this rider; or
3. any child less than 18 years of age legally adopted by the Insured after the date of the application for this rider.

A child will not be an Insured Child and will not be covered before attaining the age of 14 days or beyond the policy anniversary following the Insured Child's 25th birthday.

INSURANCE BENEFIT

This rider's insurance benefit is equal to the number of units of this rider, as shown on the current Data Pages, times \$1,000.

EXAMPLE: 5 UNITS children term x \$1,000 = \$5,000 insurance amount for each Insured Child

This rider's insurance benefit is subject to the minimum and maximum amounts shown on the current Data Pages.

You are entitled to receive a refund of any charges for this rider collected between the time You cease to have an Insured Child, and the time We receive Your Notice to cancel this rider.

CHILDREN TERM COST OF INSURANCE RATES

We deduct the cost of insurance for the benefits provided by this rider on each Monthly Date. The monthly cost is (1) multiplied by (2), then divided by (3) where:

- (1) is the number of units shown on the current Data Pages; and
- (2) is the rate per unit shown on the current Data Pages; and
- (3) is 12.

BENEFICIARY

If no beneficiary(ies) has been designated, We will pay this rider's insurance benefit to the owner, upon receipt of proof of an Insured Child's death. If the owner is not living, We will pay the contingent owner, if any, otherwise to the estate of such child.

CHANGE OF BENEFICIARY

You may change the beneficiary(ies) of this rider by sending Us Notice. Our approval is needed and no change is effective until We approve it. Once approved, the change is effective as of the date You signed the request.

OWNERSHIP

The owner of this rider is the same as the owner of the policy to which it is attached. If the owner dies, and the policy remains in force, the contingent owner becomes the owner of the policy. If there is no contingent owner, each Insured Child respectively owns rights to any benefits provided by this rider to such child.

INCONTESTABILITY

We will not claim this rider is void or deny payment of its insurance amount after it has been in force for 2 years from its Effective Date. This time limit is not applicable to fraudulent misrepresentations.

SUICIDE

This rider's insurance amount will not be paid if the Insured Child dies by suicide, while sane or insane, within 2 years of its Effective Date. Instead, we will return all costs of children term insurance deducted for this rider. This amount will be paid to the beneficiary.

EXTENDED BENEFIT

If the Insured dies while Your policy and this rider are in force, this rider will continue in force unless otherwise terminated or exchanged, for as long as there remains a qualifying Insured Child. You may obtain the Surrender Value of this rider, during the extended benefit period, at any time by sending Us Notice. The Surrender Value will be the net single premium for the remaining extended benefit period for the insurance at the respective Attained Age of each Insured Child based on the 2001 CSO Mortality Table, Table (80) for unisex, assuming:

1. interest at 3% a year;
2. immediate payment of claims; and
3. Age determined on nearest birthday basis.

The Surrender Value within 30 days after a policy anniversary will not be less than the value on the anniversary.

EXCHANGE

This rider may be exchanged for a policy on the life of each Insured Child on the first of:

1. the policy anniversary following the Insured Child's 25th birthday;
2. the Insured's Attained Age 65; or
3. the death of the Insured.

No evidence of insurability is required for exchange provided:

1. We receive written application and payment of the first premium for the new policy no earlier than 90 days before nor later than 31 days after the date the exchange may be made as provided above; and
2. the face amount is not less than \$1,000 per unit of this rider and is not more than \$3,000 per unit of this rider.

The new policy may be any form of life policy, except term, available under Our underwriting guidelines then in effect. It will be issued at Our then published standard risk class. Its effective date will be the date of exchange. The coverage will not be effective until all the requirements for the new policy are met.

If an Insured Child dies within 31 days of the date on which exchange would have been allowed, We will pay a death benefit of \$1,000 per unit of this rider.

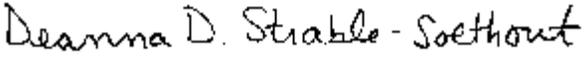
TERMINATION

This rider terminates on the first of:

1. the termination of Your policy;
2. the Insured's Attained Age 65; or
3. Our receipt of Your Notice to cancel it. The change will be effective on the Monthly Date on or next following the date We receive Notice. We may require You to send Your policy to Our office to record the cancellation. You will be entitled to a refund of rider charges collected between the time You cease to have an Insured Child, and the time We receive Your Notice to cancel this rider. We may require proof of the date you no longer had an Insured Child before the refund of rider charges will be made.

REINSTATEMENT

This rider may be reinstated as part of Your policy if all conditions for reinstatement of the policy are met and subject to all rider provisions.


President

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

COST OF LIVING INCREASE RIDER

This rider is part of Your policy. All policy definitions, provisions and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is shown on the current Data Pages. There is no charge for this rider.

RIDER BENEFIT

We will periodically give You the opportunity to increase Your Face Amount based on increases in the Consumer Price Index for All Urban Consumers, subject to the provisions of this rider. No evidence of insurability is required.

LIMITATIONS AND CONDITIONS

These limitations and conditions apply:

1. Increases are available only on every 3rd policy anniversary, as measured from the Policy Date, and only when the amount of the increase is at least the minimum cost of living increase shown on the current Data Pages.
2. The amount of increase will be:
 - a. The lesser of the calculated increase (as determined below) or the maximum cost of living increase shown on the current Data Pages; less
 - b. The sum of any Face Amount increases made during the prior year at a standard or better risk class.
3. Increases are subject to Your acceptance.

THE CALCULATED INCREASE

The calculated cost of living increase is based on the all-item Consumer Price Index for All Urban Consumers (CPI) as published by the United States Department of Labor. The increase amount is determined by multiplying Your policy's current cost of living base (shown on the current Data Pages) by an increase factor. The increase factor will be:

1. CPI 6 months prior to the cost of living increase date; divided by
2. CPI 42 months prior to the cost of living increase date; less
3. 1.00.

If use of the index would result in a Face Amount decrease, no change in the Face Amount will be made.

We will substitute what We believe is an appropriate index for the Consumer Price Index for All Urban Consumers if:

1. the Index is discontinued, delayed, or otherwise not available for this use; or
2. the composition or base of, or method of calculating the Index changes so that We consider it not appropriate for calculating the future cost of living increases.

CHARGES

There is no cost associated with this rider. However, when it is exercised, the Monthly Policy Charge and surrender charges will be increased to cover the costs and charges for any increase in Face Amount made under this rider. These increases will be based on the risk class shown on the current Data Pages. Please refer to Your policy for more information on Monthly Policy Charges and surrender charges.

DISABILITY BENEFITS

If Your policy has a rider that provides any benefits due to disability, We will increase such benefits when a cost of living increase occurs unless benefit increases have been limited under the terms of that rider's provisions. For more information, see the rider providing such benefits.

PLANNED PERIODIC PREMIUM

Your Planned Periodic Premium will be increased accordingly for any Face Amount increase made under this rider. Increases are subject to Your acceptance. We will notify You of this increase. You will be sent new Data Pages reflecting the increase.

LIMIT ON COST OF LIVING BASE

Your cost of living base may not be greater than the Face Amount on Your policy that has a standard or better risk class.

TERMINATION

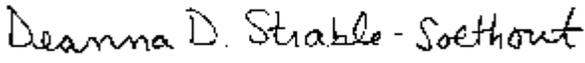
This rider terminates, with no further cost of living increases available, on the first of:

1. the Insured's Attained Age 55;
2. any decrease in Your Face Amount (except as a result of a partial surrender or a change in Your death benefit option);
3. Your failure to accept a cost of living increase; or
4. the termination of Your policy.

REINSTATEMENT

If this rider terminates under 2, 3, or 4 above it will be reinstated:

1. whenever an underwritten increase is made in Your Face Amount, provided that increase is issued at a standard or better risk class;
2. if Your policy is reinstated at a standard or better risk class; or;
3. automatically on the Insured's Attained Age 21, if terminated prior to that time.


President

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

EXTENDED COVERAGE RIDER

This rider is part of Your policy. All policy definitions, provisions, and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is the same as the Policy Date unless another date is shown on the current Data Pages.

ELIGIBILITY

The provisions described below will only be applicable if the Insured is living on the policy maturity date shown on the current Data Pages and You have not elected to be paid the maturity proceeds under the Maturity Proceeds provision of the policy.

RIDER PROVISIONS

This rider provides that after the policy maturity date shown on the current Data Pages:

1. Your policy will continue in force, and the policy maturity date will be the date of the Insured's death.
2. The Monthly Policy Charge will be zero.
3. We will continue to credit interest to the Accumulated Value, as described in the Accumulated Value Interest Calculation provision, until the date of the Insured's death.
4. No additional premium payments will be allowed.
5. No adjustment options will be available.
6. Loan payments will be allowed and interest on any unpaid loans will continue to accrue.
7. Your policy will automatically change to death benefit Option 1 and no future death benefit option changes will be allowed.
8. We will pay the beneficiary(ies) the death proceeds as described in Your policy, as of the date of the Insured's death.

TERMINATION

This rider ends on:

1. Termination of Your policy;
2. Our receipt of Your Notice to cancel this rider. Cancellation will be effective on the Monthly Date on or next following the date We receive the request. We may require that You send Your policy to Our office to record the cancellation.

[
Deanna D. Strable - Soethout
President
]

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

HAZARDOUS SPORTS EXCLUSION RIDER

This rider is part of Your policy. All policy definitions, provisions, and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is the same as the Policy Date unless another date is shown on the current Data Pages.

If the Insured dies as a result, directly or indirectly, wholly or in part, of participation in the "excluded hazardous sport" (see below), We will pay only this rider's "limited benefit" (see below), even if there is other language in Your policy to the contrary.

LIMITED BENEFIT

The limited benefit will be the Net Surrender Value as of the date of death.

EXCLUDED HAZARDOUS SPORT:

[
Deanna D. Strable - Soethout
President
]

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

LIFE PAID-UP RIDER (OVERLOAN PROTECTION)

This rider is part of Your policy. All policy definitions, provisions, and exceptions apply to this rider unless changed by this rider. The Effective Date is the Policy Date. There is a charge for this rider benefit. Please refer to Your current Data Pages.

RIDER BENEFIT

This rider will prevent Your policy from terminating on any Monthly Date when You have Loan Indebtedness which equals or exceeds the minimum Loan Indebtedness percent in effect at that time. The minimum Loan Indebtedness percent is guaranteed not to be lower than the Guaranteed Minimum Loan Indebtedness Percent shown on Your current Data Pages. Your policy will automatically become paid-up life insurance. We will send You new Data Pages which reflect the change.

RIDER COST

When this rider is exercised there is a one time charge which is shown on Your Data Pages. Your new Face Amount will be Your Accumulated Value remaining after the rider charge, multiplied by the Death Benefit Factor shown on Your Data Pages.

CONDITIONS

This rider benefit is subject to the following conditions:

1. the Insured's Attained Age is 75 or older;
2. the policy has been in force for at least the Minimum Policy Duration shown on Your Data Pages;
and
3. partial surrenders must equal or exceed total premiums paid.

EFFECT ON YOUR POLICY

After this rider is exercised:

1. if Death Benefit Option 2 or 3 is in effect, Your Death Benefit Option will change to option 1 and You may no longer change the Death Benefit Option;
2. Your Loan Indebtedness remains and interest will continue to be charged and credited;
3. loan repayments will be allowed;
4. Monthly Policy Charges will no longer be deducted;
5. You may not make any premium payments;
6. You may not make any adjustments to the policy;
7. You may not take policy loans or partial surrenders;
8. the new death benefit as of the date of the Insured's death will be the greater of (a) or (b) where:
 - (a) is the new Face Amount; and
 - (b) is the greater of (Accumulated Value or Loan Indebtedness) multiplied by the applicable percentage shown on Your Data Pages; and
9. death proceeds will be reduced by any Loan Indebtedness.

TERMINATION

This rider terminates on the first of:

1. the termination or maturity of Your policy;
2. the date You take out a policy loan which immediately causes Loan Indebtedness to exceed the minimum Loan Indebtedness percent in effect at that time; or
3. Our receipt of Your Notice to cancel this rider. The cancellation will be effective on the Monthly Date on or next following the date We receive Your Notice. We may require that You send Your policy to Our Office to record the cancellation.

REINSTATEMENT

If this rider terminates, it may not be reinstated.

[
Deanna D. Strable - Soethout
President
]

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

SALARY INCREASE RIDER

This rider is part of Your policy. It is issued based on the information given in the application and deduction from the Accumulated Value of the monthly cost of the benefits provided by this rider. All policy definitions, provisions and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is shown on the current Data Pages.

DEFINITIONS

SALARY REVIEW DATE – is the month and day for the annual increase under this rider as shown on the current Data Pages.

EMPLOYER – is the person or business for whom the Insured is working, as shown on the application for this rider. If that business is purchased, the new business will be considered the employer.

MULTIPLIER – is [(1) plus (2)] divided by (3), where:

- (1) is the Face Amount on the Effective Date of this rider;
- (2) is the amount of any Other Employer Purchased Insurance reported to Us by the Employer as of the Effective Date of this rider; and
- (3) is the Insured's salary as shown on the application for this rider.

This Multiplier may be increased provided You supply Us with evidence which satisfies Us that the Insured is qualified for the increase under Our underwriting guidelines then in effect. The Multiplier is shown on the current Data Pages.

OTHER EMPLOYER PURCHASED INSURANCE – is the amount of group and individual life insurance in force on the life of the Insured (other than the insurance provided by the policy to which this rider is attached) for which premiums are paid in whole or in part by the Employer. If this amount exceeds the limits established by Our underwriting guidelines in effect when the Multiplier is being calculated, Other Employer Purchased Insurance shall mean the maximum amount provided in those underwriting guidelines.

If this rider and the policy to which it is attached are integrated with the Other Employer Purchased Insurance for the Insured's benefit plan, the amount of the Other Employer Purchased Insurance as of the Effective Date of this rider will be used in calculating the Multiplier and the amount of increase available under each increase option.

SALARY – is the Insured's annual compensation as reported to Us by the Employer and as reportable on the Insured's W-2 Wage and Tax Statement.

THE INCREASE OPTION

You have the right to purchase additional insurance on the Insured's life, without evidence of insurability, subject to the provisions of this rider, as long as Your policy and this rider are in force and not in a grace period.

While the Insured is actively engaged in employment at the Employer's usual place or places of business as noted on the application for this rider, and while the Insured is performing normal daily job duties, increases are available on every Salary Review Date from the first Salary Review Date to the Salary Review Date nearest the Insured's Attained Age 65, subject to the provisions of this rider.

Each increase will be made based on the Insured's Attained Age on the current policy anniversary. The increase will be in a risk class equivalent to that shown on the current Data Pages.

If the Insured's salary has not changed or has decreased as of the Salary Review Date, additional insurance will not be offered under this rider on that date.

AMOUNT OF INCREASE

Increases are subject to Your acceptance, to the provisions of this rider and any other applicable policy provisions, including any exclusions or limitations.

The amount of the increase will be [(1) multiplied by (2)] minus (3) minus (4), where:

- (1) is the Insured's Salary as reported for the current Salary Review Date;
- (2) is the Multiplier shown on the current Data Pages;
- (3) is any Other Employer Purchased Insurance which remains in force on the current Salary Review Date; and
- (4) is the current Face Amount of Your policy on the current Salary Review Date.

EXAMPLE: If Your Face Amount is \$150,000, the Multiplier is 3, the Insured's Salary on the Salary Review Date is \$60,000, and Other Employer Purchased Insurance is \$15,000, the amount of increase is \$15,000.

$$\$60,000 \times 3 = \$180,000 - \$15,000 - \$150,000 = \$15,000.$$

LIMITS ON INCREASE

MAXIMUM INCREASE – Any increase We offer You will not exceed the lesser of 1 or 2 below.

1. [(A) multiplied by (B)] minus (C), where:
 - (A) is the Maximum Increase Percentage shown on the current Data Pages;
 - (B) equals the Face Amount as of the Policy Date or the last policy anniversary, whichever is later, plus Other Employer Purchased Insurance; and
 - (C) equals any Face Amount increase(s) and any increases in Other Employer Purchased Insurance since the Policy Date or the last policy anniversary, whichever is later.
2. The Maximum Increase Amount shown on the current Data Pages minus any Face Amount increase(s) and any increase in Other Employer Purchased Insurance since the Policy Date or the last policy anniversary, whichever is later.

LIFETIME MAXIMUM INCREASE – Notwithstanding anything to the contrary in this rider, the aggregate Face Amount increases may at no time exceed the Lifetime Maximum Increase Amount shown on the current Data Pages.

EFFECTIVE DATE OF INCREASE

Any increase offered under this rider, unless timely rejected, will be effective on the Monthly Date immediately following the date of Our increase offer.

ACCEPTANCE AND REJECTION OF INCREASE

Your Planned Periodic Premium will be increased for any Face Amount increase made under this rider unless We receive Notice to the contrary. We will offer any increase of Face Amount under this rider by notifying You of the increase. We will then send You new Data Pages reflecting the changes in Your policy due to such increase.

You may reject an increase by sending Us Notice prior to the effective date of the increase.

MONTHLY POLICY CHARGES

The Monthly Policy Charge will be increased to cover the costs and charges for any increase in protection made under this rider. This increase will be based on the risk class shown on the current Data Pages.

WAIVER BENEFITS

If Your policy has a rider that provides any benefits due to disability, We will increase such benefits when an increase occurs under this rider. The Monthly Policy Charge for the waiver rider will be increased accordingly. No evidence of insurability will be required. For more information, see the rider providing those benefits.

MISSTATEMENT OF SALARY

If the Insured's Salary is misstated, We may:

1. reduce any benefits to reflect the correct Salary; or
2. exercise any other rights available to Us which are not excluded by the Incontestability provision of the policy.

TERMINATION

This rider terminates, with no further increases available, on the first of:

1. the Insured's Attained Age 65;
2. Your rejection of an increase;
3. the termination of Your policy;
4. any decrease in insurance which causes the Face Amount to be less than [(A) multiplied by (B)] minus (C), where:
 - (A) is the Insured's Salary;
 - (B) is the Multiplier; and
 - (C) is any Other Employer Purchased Insurance;
5. the Insured's leaving the employment of the Employer;
6. any failure to provide updated Salary information as required by this rider; or
7. Our receipt of Your Notice to cancel the rider. The change will be effective on the Monthly Date on or next following the date We receive Notice. We may require You to send Your policy to Our office to record the cancellation.

REINSTATEMENT

In addition to all other policy conditions for reinstatement, this rider may be reinstated as part of Your policy whenever an underwritten increase is made in Your Face Amount, provided that increase is issued at an available risk class for this rider and subject to Our then current underwriting guidelines.

This rider will be reinstated in a risk class We determine based on information provided in the application for reinstatement.

[
Deanna D. Strable - Soethout
President
]

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

WAIVER OF MONTHLY POLICY CHARGE RIDER

This rider is part of Your policy. It is issued in consideration of the policy application and deduction from the Accumulated Value of the monthly cost of waiver rates for the benefit provided by this rider. All policy definitions, provisions and exceptions apply to this rider unless changed by this rider. The Effective Date of this rider is the same as the Policy Date unless another date is shown on the current Data Pages. There is a charge to purchase this rider. Please refer to Your current Data Pages.

DEFINITIONS

DOCTOR is a medical practitioner who is legally licensed to practice under state law, and not the Insured, Insured's spouse, You or Your spouse.

TOTAL DISABILITY is disability due to an injury or sickness which prevents the Insured from working:

1. during the first two years the Insured is unable to perform the substantial and material duties of their regular occupation (the occupation the Insured is routinely performing when the disability began); and
2. thereafter, in any occupation for which the Insured is reasonably fitted by education, training, or experience; and
3. the Insured is under the regular treatment of a Doctor who is providing treatment appropriate for the condition causing Total Disability.

Until the Insured's 25th birthday, regular occupation includes attending a school that has a regular teaching staff, curriculum and student body and attending school on a full-time basis, as determined by the school's criteria.

Total Disability also is (without regard to whether the Insured is working) the total and irrecoverable loss of:

1. sight of both eyes;
2. use of both hands;
3. use of both feet; or
4. use of one hand and one foot.

RIDER BENEFIT

If the Insured becomes Totally Disabled while this rider is in force, on each Monthly Date during a waiver period We will waive (or credit to the Accumulated Value if already deducted) the Monthly Policy Charge. If Monthly Policy Charges for policy benefits are being waived under this rider, Your policy will remain in force whether or not Your Net Surrender Value is sufficient to cover the Monthly Policy Charge.

You may continue to pay premiums as described in Your policy.

WAIVER PERIOD

Once the Insured has remained Totally Disabled for six continuous months, the waiver period begins:

1. on the Insured's Attained Age five if the rider was issued and Total Disability began before and continues to that date; or
2. for all others, on the Monthly Date which follows the date Total Disability began.

In no event will a waiver period begin earlier than one year prior to Our receipt of Notice of the Insured's Total Disability.

The waiver period will continue as long as Total Disability continues uninterrupted, except that the waiver period:

1. ends on the earlier of the Policy Maturity Date or death of the Insured if Total Disability:
 - (a) begins prior to the Insured's Attained Age 60; and
 - (b) continues to the Insured's Attained Age 65.
2. ends on the Insured's Attained Age 65, if Total Disability:
 - (a) begins on or after the Insured's Attained Age 60; and
 - (b) begins before the Insured's Attained Age 63.
3. ends after two years if Total Disability:
 - (a) begins on or after the Insured's Attained Age 63; and
 - (b) begins before the Insured's Attained Age 65.

If this rider is issued as a result of a conversion or exchange from another policy or rider while the Insured was receiving waiver disability benefits under that policy or rider, the waiver period under this rider will continue until the earlier of the Policy Maturity Date or death of the Insured.

EXCEPTIONS

In no case will the Monthly Policy Charge be waived or credited under this rider if the Total Disability results from an intentional self-injury or service in the military forces of any country at war, declared or undeclared.

We will not waive or credit the Monthly Policy Charge under this rider for the Insured's Total Disability which commences prior to this rider's Effective Date. This does not apply if this rider is issued as a result of a conversion or exchange from another policy or rider while the Insured was receiving waiver disability benefits.

PROOF OF DISABILITY

We will require due proof which satisfies Us of the Insured's Total Disability before any Monthly Policy Charge can be waived or credited. Such proof may include an examination at Our expense by Doctors We select.

We may require similar proof of the Insured's continued Total Disability from time to time during the first two years of Total Disability and once a year thereafter.

If such proof is not provided as We require, the waiver period will end and Monthly Policy Charges will again be deducted from Your Policy Value.

CLAIMS

We will not waive or credit the Monthly Policy Charge under this rider unless We receive Notice of the claim while the Insured is living and remains Totally Disabled. Failure to comply will not invalidate a claim if it was not reasonably possible to give Notice within such time and Notice was given as soon as reasonably possible.

Even if Your policy terminates because of the expiration of a grace period, the Monthly Policy Charge may be waived or credited under this rider if:

1. the Total Disability for which claim is made began before the end of the grace period;
2. We receive Notice of the claim within one year after the end of the grace period; and
3. all other conditions for this rider are met.

If Total Disability begins within the grace period, You must pay the minimum payment as described in the Grace Period provision of the policy before We will pay benefits under this rider.

COST OF WAIVER RIDER

The cost for the Waiver of Monthly Policy Charge Rider is deducted on each Monthly Date. The cost is A multiplied by the result of B minus C where:

- A is the Guaranteed Maximum Cost of Waiver Rates shown on the current Data Pages divided by \$1,000;
- B is the death benefit on the Monthly Date divided by 1.0024663; and
- C is the Accumulated Value at the beginning of the month.

POLICY ADJUSTMENTS DURING A WAIVER PERIOD

Face Amount increases under the Adjustment Options section of Your policy will not be allowed during a waiver period. However, the Face Amount may increase during a waiver period under the provisions of any attached rider that provides for such increases on a non-underwritten basis. If such an increase occurs, We will waive or credit the associated increased Monthly Policy Charge as long as the waiver period continues.

You may not change the death benefit option once We approve Your claim and while benefits are being paid under this rider unless such a change is required by any other attached rider.

TERMINATION

This rider terminates on the first of:

1. the termination of Your policy;
2. the Insured's Attained Age 65, unless any waiver period is in effect; or
3. Our receipt of Your Notice to cancel it. The change will be effective on the Monthly Date on or next following the date We receive Your Notice. We may require that You send Your policy to Our Office so We can record the cancellation.

REINSTATEMENT

This rider may be reinstated as part of Your policy, subject to Our then current underwriting guidelines and all rider provisions.


President

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001

ENDORSEMENT

For the face amount of \$ 1. effective 2.
the incontestability and suicide periods shall be considered to have started 3.
This endorsement has no effect on any future increases to face amount.

[
Deanna D. Strable - Soethout
President
]

Principal National Life Insurance Company
Des Moines, Iowa 50392-0001



Principal National Life
Insurance Company
Des Moines, IA 50392-0001

THIS NOTICE MUST BE DELIVERED WITH THE CONTRACT

ARKANSAS NOTICE

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1 (800) 852-5494 or
(501) 371-2640

Principal National Life Insurance Company
Life Administration
711 High Street
Des Moines, IA 50392-0001
1-800-247-9988

Agent
Joseph Agent
111 Any Street
Anytown, IA 12345
1-800-111-2233

SERFF Tracking Number: PRLD-125879497 State: Arkansas
 Filing Company: Principal National Life Insurance Company State Tracking Number: 40841
 Company Tracking Number: UL8/SN 24
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Flexible Premium Universal Life Insurance
 Project Name/Number: Universal Life Flex/UL8/SN 24

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	UL8 Current and Guaranteed Rates	SN 24 et al	New		UL8 Current and Guaranteed Rates.pdf

SERFF Tracking Number: PRLD-125879497 State: Arkansas
Filing Company: Principal National Life Insurance Company State Tracking Number: 40841
Company Tracking Number: UL8/SN 24
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Universal Life Insurance
Project Name/Number: Universal Life Flex/UL8/SN 24

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/29/2008

Comments:

We have reviewed our procedures and assure you that we are in compliance with and provide the notice required by Arkansas Code Ann. 23-79-138. A new form, SN 29 AR, is included as part of this submission that will be used to comply with this requirement.

We have reviewed our issue procedures and assure you that we are in compliance with and provide the Life and Health guaranty notice required by Regulation 49.

We certify that the forms in the above numbered submission meet the provision of Rule and Regulation 19 regarding unfair sex discrimination in the sale of insurance, as well as all applicable requirements of the Department.

Attached is a readability certification for the submitted forms.

We have reviewed our procedures and assure you that we are in compliance with and provide the notice required by Arkansas Code Ann. 23-79-138.

Attached is the certification of compliance with Arkansas Rule and Regulations 33 and 34 along with the Consent to Submit Rates.

Attachments:

AR Reg 33 and 34 Compliance cert_PNL.pdf
AR Rates certification_PNL.pdf
AR Readability cert.pdf

Review Status:

Satisfied -Name: Application 10/29/2008

Comments:

Attached are the previously approved applications that will be used with this product. These applications were approved 10-24-2008.

Attachments:

AA2000N.pdf

SERFF Tracking Number: PRLD-125879497 State: Arkansas
Filing Company: Principal National Life Insurance Company State Tracking Number: 40841
Company Tracking Number: UL8/SN 24
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Universal Life Insurance
Project Name/Number: Universal Life Flex/UL8/SN 24

Review Status:

Satisfied -Name: Statement of Variability 11/06/2008

Comments:

Attached is a statement of variability for data page form SN24-1.

Attachment:

SN 24-1 Statement of Variability.pdf

Review Status:

Satisfied -Name: Illustration Certifications 11/06/2008

Comments:

Attached is the board resolution appointing Thomas Phillips the Illustration Actuary for Principal National as well as his actuarial certification for the submitted product and a list indicating which forms within the submission are illustrated forms.

Attachments:

UL8_Illustration Actuary Cert_PNL.pdf
Illustration actuary board resolution.pdf
Illustration - New Product Filing List.pdf



Principal National Life Insurance Company
Des Moines, IA 50392-1170

ARKANSAS CERTIFICATION

As a representative of Principal National Life Insurance Company, I hereby certify that we have reviewed Arkansas Rule and Regulation 33 and Rule and Regulation 34 and that the enclosed submission is in compliance with the relevant requirements of these regulations.

Date: 9/18/08

Signature:

Mark R. Oiler

Title: Actuary - Pricing

Name: Mark Oiler, F.S.A., M.A.A.A.



Principal National Life Insurance Company
Des Moines, IA 50392-1170

ARKANSAS

CONSENT TO SUBMIT RATES

The Principal National Life Insurance Company ("Company") of Des Moines, Iowa, does hereby consent and agree that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to policy form number SN 24 must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner; unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

Date: 11/10/08

Signature: Mark R. Oiler

Title: Actuary - Pricing

Name: Mark Oiler, F.S.A., M.A.A.A.



ARKANSAS CERTIFICATION

PRINCIPAL NATIONAL LIFE INSURANCE COMPANY

RE: SN 24, et al

This is to certify that the submitted forms have achieved a Flesch Reading Ease Score as noted below and comply with the requirement of Arkansas Statute Annotated 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

FORM NUMBER	FORM NAME	FLESCH SCORE
SN 24	Flexible Premium Universal Life	50
SN 12	Accelerated Benefits Rider	50
SN 10	Aviation Exclusion Rider	45
SN 7	Change of Insured Rider	52.8
SN 13	Children Term Insurance Rider	57.2
SN 14	Cost of Living Increase Rider	50.9
SN 9	Extended Coverage Rider	51.3
SN 11	Hazardous Sports Exclusion Rider	48.5
SN 25	Life Paid-Up Rider	57.1
SN 8	Salary Increase Rider	50
SN 26	Waiver of Monthly Policy Charge Rider	47.9
SN 27	Endorsement	51
SN 29 AR	Notice	0

Jeff Hostetter
Assistant Director, Individual Product Management

11-12-2008
Date



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

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

**Life Insurance
 Application**

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

PART A

1. PERSONAL INFORMATION ABOUT THE PROPOSED INSURED

Name (First, Middle, Last)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Primary Residence Street Address	Social Security Number - -	Birthplace (State, or Country if not U.S.)
City, State, Zip Code	Driver's License Number	State Issued
Home Phone Number ()	Occupation	
Work Phone Number ()	Workplace Zip Code	

2. BASIC COVERAGE APPLIED FOR

Product _____	Policy Planned Premium \$ _____
Face Amount (excluding riders) \$ _____	Premium Frequency: (choose one) <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Single Pay
Death Benefit Option if applicable: <input type="checkbox"/> Option 1: Level Face Amount <input type="checkbox"/> Option 2: Face + Accumulated/Policy Value <input type="checkbox"/> Option 3: Face + Premiums Paid Less Partial Surrenders	<input type="checkbox"/> EFT (complete EFT form + attach sample check) List Bill Number _____ <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Unscheduled Premium \$ _____

3. BENEFITS/RIDERS (Some riders are not available with all products)

<input type="checkbox"/> Accidental Death – Amount \$ _____	<input type="checkbox"/> Policy Split Option
<input type="checkbox"/> Accounting Benefit	<input type="checkbox"/> Salary Increase – Amount \$ _____
<input type="checkbox"/> Alternate Cash Surrender Value	<input type="checkbox"/> Single Life Term – Amount \$ _____
<input type="checkbox"/> Change of Insured	<input type="checkbox"/> Waiver of Premium/Specified Premium
<input type="checkbox"/> Children Term – Amount \$ _____	<input type="checkbox"/> Waiver of Monthly Deductions/Monthly Policy Charges
<input type="checkbox"/> Four Year Term	<input type="checkbox"/> _____
<input type="checkbox"/> 20 Year Premium Guarantee	<input type="checkbox"/> _____

4. BENEFICIARY INFORMATION

Primary Beneficiary	Relationship to Proposed Insured
Contingent Beneficiary	Relationship to Proposed Insured
Single Life Term Rider Beneficiary	Relationship to Proposed Insured

Proposed Insured Name _____

5. OWNERSHIP INFORMATION (Complete if different than the Insured)

Owner Name (If trust, provide name of trust*)	Relationship to Proposed Insured
Primary Residence Street Address	Taxpayer Identification Number
City, State, Zip Code	Date of Birth (If trust, provide date of trust*)
Joint Owner Name	Relationship to Proposed Insured
Primary Residence Street Address	Taxpayer Identification Number
City, State, Zip Code	Date of Birth
Contingent Owner Name	Relationship to Proposed Insured

* Submit copy of trust with this application.

6. CHANGE OF OWNERSHIP

- (a) Is there an intention that any group of investors will obtain any right, title, or interest in any policy issued on the life of the Proposed Insured(s) as a result of this application?..... Yes No
If yes, explain. _____
- (b) Will you borrow money to pay the premiums for this policy or have someone else pay these premiums for you in return for an assignment of policy values back to them? Yes No
If yes, explain and complete premium financing acknowledgment form. _____

7. OTHER INSURANCE

- (a) Is there other life insurance or annuities in force or applied for? Yes No
(If yes, list all other life insurance or annuities in force or currently being applied for, even if sold, assigned, or viaticated.)

Insured's Name	Company	Amount	Policy Number	Check if Pending	Year Issued	Primary Purpose
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		

- (b) If coverage is pending, will all pending coverage be accepted? Yes No
If no, explain. _____
- (c) Have you transferred or assigned any right, title, or interest in any life insurance or annuity contract other than absolute assignment for Internal Revenue Code 1035 exchange? Yes No
If yes, explain. _____

8. REPLACEMENT

- (a) Will the insurance applied for with this application replace or affect any of the owner's other life or annuity contracts (including pending coverage provided with a binding receipt)? Yes No
If yes, list company name(s) and policy number(s) and provide necessary forms:

- (b) Is this an Internal Revenue Code section 1035 exchange? Yes No



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

PART C – AGREEMENT/AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

AGREEMENT

Statements In Application: I represent that all statements in this application 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 the statements in the application, including statements by the Proposed Insured in any medical questionnaire that becomes a part of this application, shall be the basis of any insurance issued. I also understand that misrepresentations can mean denial of an otherwise valid claim and rescission of the policy during the contestable period.

I understand that the policy(ies) delivered to me may be from a different issuer than what was listed in the application. I understand and agree that my acceptance of the policy(ies) shall be considered an amendment to this application. Each policy has only one issuing company and that issuer is solely responsible for the obligations under that policy.

When Policy Coverage Becomes Effective: I understand and agree that if a policy is issued as applied for with a premium deposit paid, policy coverage will become effective as 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 D, 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 this application, medical questionnaire, or amendment that becomes a part of this application; and
- 3) The Part D or the Acknowledgment of Delivery form is signed by me and the Proposed Insured (if different than me) and dated at delivery.

If these conditions are met, the policy is deemed effective on the Policy Date stated in the policy data pages.

Limitation of Authority: I understand and agree that no agent, broker, licensed representative, telephone interviewer, 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 truthful and complete answers to all questions on this 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 interviewer, medical examiner or other person shall be considered knowledge of the Company unless such fact is stated in the application.

If my employer is the owner and beneficiary on this application: I agree to allow my employer to purchase insurance on my life. I understand that my employer or trustee will have all present and future rights of ownership and will also be the beneficiary of the policy. There is no obligation, on my part, to pay the policy premiums. I acknowledge that as an employee, the employer or trustee has an insurable interest in my life. I understand and agree that my administrators, estate, heirs and assignees have no rights to the policy or any policy proceeds. I understand that the maximum face amount for which I could be insured at the time of issuance is generally not more than 30 times compensation, up to a maximum of \$30,000,000, subject to underwriting guidelines. I further authorize my employer or trustee to increase or decrease the amount of insurance on my life in the future without another consent from me and without further notice to me as long as I am employed by the employer. I consent to and authorize my employer, trustees, or its successors to continue to be the owner and beneficiary of this policy(ies) indefinitely including after the end of my employment by the employer.

AUTHORIZATION

I authorize any insurance (or reinsuring) company, consumer reporting agency, governmental agency, insurance agent, broker, licensed representative, or any other organization, institution or person having personal information (including physical, mental, drug or alcohol use history) regarding me, the named proposed insured, to provide to the Company, its representatives or reinsurers, any such data. I authorize the Company or its representative to conduct a telephone interview in connection with my application for insurance.

I understand and agree to sign any authorization that is required to authorize any doctor, hospital, clinic, health care provider, laboratory, pharmacy benefit manager or any other institution having personal information (including physical, mental, drug or alcohol use history) regarding the named proposed insured to provide the Company, its representatives or reinsurers any such data. I understand that if I refuse to sign an authorization to release my complete medical record, the Company may not be able to process my application for life insurance coverage.

PART C – AGREEMENT/AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION (CONTINUED)

I authorize the Medical Information Bureau (MIB, Inc.) to furnish the above data to the Company, its representative or its reinsurers. I authorize the Company or its representative to release any such data to MIB, Inc. or as required by law. Notwithstanding any other provision in this form, the authorization to release data to the MIB, Inc. shall survive the termination of this form to the extent necessary to confirm, correct or update previously supplied data to the MIB, Inc. Data released may include results of my medical examination or tests requested by the Company. I understand that the data obtained by use of this authorization will be used by the Company to determine eligibility for insurance.

I agree that this authorization shall be valid for 24 months from the date of this application. I may revoke this authorization for information not then obtained. Such revocation must be in writing. It will not be effective until received at the Company's Home Office. I agree a photocopy of this authorization is as valid as the original. I have received a copy of this authorization. I have received a copy of the "Notice of Insurance Information Practices," which includes notice required by any Fair Credit Reporting Act. It also describes MIB, Inc.

C.O.D. or Advance Premium Paid:

- This application is C.O.D. and I have not been given any Conditional Receipt with this application.
- I have paid \$ _____ as an advance premium with this application which is no less than one month's advance premium and I have been given the Life Insurance Conditional Receipt. In return I have read, understand, and agree to its terms.
- I have submitted an Absolute Assignment form with this application and I have been given the Life Insurance 1035 Conditional Receipt. In return I have read, understand, and agree to its terms.

Warning: It is a crime to provide false, misleading, or incomplete information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines and denial of insurance benefits.

OWNER TAXPAYER IDENTIFICATION NUMBER CERTIFICATION: As proposed owner of this contract, I certify under penalties of perjury: (1) The taxpayer identification number shown on this application is correct, (2) I am not subject to IRS backup withholding, and (3) I am a U.S. person (which includes a U.S. resident alien). If subject to backup withholding complete W-9. If not a U.S. person complete W-8. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signatures – Please read all of the above Agreements, Authorizations, and Certification before signing below.

Signature of Proposed Insured (If age 15 or over)				
X				
Signature of Parent (If Proposed Insured is under age 18 and Parent has not signed as Owner)				
X				
Signature of Owner(s), if other than Proposed Insured. If corporation, an officer other than the Proposed Insured must sign and include officer's title. If joint ownership or Trust, all joint owners/trustees must sign. If signing as a Trustee include 'Trustee' as title.				
X		Title		
X		Title		
X		Title		
Signed at: City	State	Date	Signature of Licensed Agent/Broker/Representative	License Number
			X	
Cosignature by resident Licensed Agent/Broker/Representative, if applicable in your state			Date	License Number
X				



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Life Insurance
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CLIENT COPY

PART C – AGREEMENT/AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION (CONTINUED)

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Principal Life Insurance Company
Principal National Life Insurance Company
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P.O. Box 10431
 Des Moines, IA 50306-0431

**Insurance
 Application**

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

PART B – (Continued)

INCOME/OCCUPATION

For Life, complete questions 7 and 8. For DI, complete questions 8-17. In all cases, Part B continues on the next page.

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

8. Primary occupation _____ Employer _____

9. Current Employment Information

a. Type of business or industry _____

b. Job title _____

c. What are your job activities and percentage of time spent in each? _____

d. How many hours do you usually work per week in your primary job? _____

e. Total number of employees: Full-time _____ Part-time _____ Sub-contracted _____

f. How many employees do you supervise? _____

10. How long have you been employed by your current employer? _____ (If less than three years, provide details below, e.g., employers, occupations and dates for last five years.)

11. Do you work out of your home? (If yes, how many hours per week? _____) Yes No

12. Do you have any other part-time or full-time jobs? (If yes, explain below) Yes No

13. Are you actively at work on a full-time basis without medical restriction? (If no, explain below) Yes No

14. Do you intend to change jobs or employment in the next 6 months? (If yes, explain below) Yes No

15. Have you ever requested or received any type of disability benefits (including workers' compensation and state disability) for an injury or illness? (If yes, explain below) Yes No

16. Do you have an ownership interest in any business you work for? Yes No
 If yes, ownership percentage ____ length of ownership _____
 Type of business: C Corporation S Corporation Partnership
 Sole Proprietorship Limited Liability Company Other _____

17. Have you, or any business owned in whole or part by you, ever been in bankruptcy or any similar proceedings? (If yes, provide date discharged, type and chapter) Yes No

DETAILS TO QUESTIONS 7-17

Quest. #	Include dates and details as requested above.



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Insurance Application

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

PART B – (Continued)

MEDICAL HISTORY (Provide details to yes answers, questions 21-26 below)

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

22. 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
23. 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
24. Current Ht. _____ Wt. _____ Have you lost more than 10 lbs. in the last year? Yes No
 If yes, _____ lbs./kgs. Indicate reason _____
25. 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):

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

DETAILS TO QUESTIONS 21-26

Quest. #	Include dates and details as requested above.



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 Des Moines, IA 50306-0431

**Application for
 Multi-Life Guaranteed
 Issue Life Insurance**

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

This application is used to apply for guaranteed issue life insurance. A Corporation, Employer, Trust, Association or similar entity typically owns these policies.

This application consists of:

- *Application:* Completed by the owner
- *Census:* A Census identifying each Proposed Insured and other relevant information must be completed. Each Proposed Insured must complete a Consent to be Insured form. Application and Census must have the same date.

Part A: Corporate Information	Part B: Owner Information
1. Corporation Name _____ _____	1. Owner/Trust Name _____ _____
2. Corporation Tax I.D.	2. Owner Tax I.D. if other than corporation. If owner is a Trust, also provide Trust date:
3. Corporation Contact Name	3. Owner/Trust Contact Name
4. Corporation Street Address	4. Primary Owner/Trust Street Address
City State Zip	City State Zip
5. Phone Fax () ()	5. Phone Fax () ()

Part C: Beneficiary

The Owner shall be sole beneficiary unless otherwise specified

Part D: Policy Information

<p>1. Product _____</p> <p>2. Definition of Life Insurance <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation (CVAT)</p> <p>3. Death Benefit Option: <input type="checkbox"/> Option 1 – Level Face Amount (required if CVAT) <input type="checkbox"/> Option 2 – Face + Accumulated Value <input type="checkbox"/> Option 3 – Face + Premiums Paid</p> <p>4. Policy Date requested _____</p>	<p>5. Optional Benefit Riders: Supplemental Benefit Rider (SBR) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please indicate base/SBR blend on Census.</p> <p>Accounting Benefit Rider (ABR) <input type="checkbox"/> Yes <input type="checkbox"/> No (on available products only)</p> <p>Other _____</p> <p>6. Premium Payment Plan: <input type="checkbox"/> Single Pay <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other _____</p>
--	--

Part E: Additional Information and Requests

Part F: Other Life Insurance

Is there other life insurance or annuities in force or pending? Yes No

If "yes", please provide details below or attach a census that should include the following: Insured's Name, Company, Amount, Amount PENDING with other Companies, Year of Issue, Product/Purpose (If Key Person, Deferred Compensation, etc.)

Details: _____

Part G: Replacement

Will this insurance replace or affect any other life or annuity contract for any person proposed for coverage (including pending coverage provided by a binding receipt)? Yes No

If "yes", enclose replacement forms (if applicable) and provide company name(s) and policy number(s): _____

If coverage is PENDING with other companies, will all pending coverage be accepted? Yes No

Explain _____

Part H: Actively at Work

Have all Proposed Insureds been actively at work full time (30 hours or more per week) at their usual place of business on the date of the Census and have not missed more than five consecutive days in the past 90 days because of medical reasons such as illness or injury?

Yes No If No, please explain: _____

("the Company" means Principal Life Insurance Company or Principal National Life Insurance Company)

Taxpayer Identification Number Certification: As applicant of this contract, I certify under penalties of perjury:

- 1. The taxpayer identification number shown on this application is correct.
- 2. I am not subject to IRS backup withholding.

Note: Check this box if you are currently subject to backup withholding.

Check this box if the Internal Revenue Service has notified you that you are **not** subject to the provisions of this law.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Otherwise, your signature on this application is certification that the taxpayer identification number on this application is true, correct, and complete.

Statements in Application: I represent that all statements in the application are true and complete, to the best of my knowledge and belief. I understand that misrepresentations can mean denial of an otherwise valid claim and rescission of the policy during the contestable period.

Fraud Notice Warning: It is a crime to provide false, misleading or incomplete information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines and denial of insurance benefits.

When Insurance Effective: Except as may be provided by Temporary Insurance Agreement signed by me, I agree that no insurance shall take effect unless and until the Policy has been delivered to and accepted by me; and, the initial premium is paid during the lifetime and prior to any change in insurability of the Proposed Insureds.

Limitation of Authority: I agree that no agent, broker, or licensed representative of the Company 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 truthful and complete answers on this Application and Census, that becomes a part of this application, may not be waived.

Signed at: City _____ State _____ Date _____

Print Name and title of Applicant/Owner/Authorized officer

Signature of Applicant/Owner/Authorized Officer

Print name of Agent/Broker/Licensed Representative

Signature of Agent/Broker/Licensed Representative

List Individuals authorized to sign on behalf of the Owner.

Print Name

Print Name

Title

Title

Signature

Signature

Census

Corporation Name

Date

Proposed Insured		Birth Date	Sex	Soc. Sec. Number	Initial Base Policy DB	SBR Amount	Total DB	1035 Rollover	Planned Premium	Smoker Y/N	Actively at work Y/N
Last	First										
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N



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**Guaranteed/
 Simplified Issue
 Life Insurance
 Application**

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Note: Complete Part A for Guaranteed Issue. Complete Part A and B for Simplified Issue.

PART A

1. PERSONAL INFORMATION ABOUT THE PROPOSED INSURED

Name (First, Middle, Last)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Primary Residence Street Address	Social Security Number - -	Birthplace (State, or Country if not U.S.)
City, State, Zip Code	Driver's License Number	State Issued
Home Phone Number ()	Occupation	
Work Phone Number ()	Workplace Zip Code	

2. BASIC COVERAGE APPLIED FOR

Product _____	Policy Planned Premium \$ _____
Face Amount (excluding riders) \$ _____	Premium Frequency: (choose one) <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Single Pay <input type="checkbox"/> EFT (complete EFT form + attach sample check)
Death Benefit Option if applicable: <input type="checkbox"/> Option 1: Level Face Amount <input type="checkbox"/> Option 2: Face + Accumulated/Policy Value <input type="checkbox"/> Option 3: Face + Premiums Paid Less Partial Surrenders	List Bill Number _____ <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Unscheduled Premium \$ _____

3. BENEFITS/RIDERS (Some riders are not available with all products)

<input type="checkbox"/> Accounting Benefit	<input type="checkbox"/> _____
<input type="checkbox"/> Alternate Cash Surrender Value	<input type="checkbox"/> _____
<input type="checkbox"/> Change of Insured	<input type="checkbox"/> _____
<input type="checkbox"/> Salary Increase – Amount \$ _____	<input type="checkbox"/> _____

4. BENEFICIARY INFORMATION

Primary Beneficiary	Relationship to Proposed Insured
_____	_____
Contingent Beneficiary	Relationship to Proposed Insured
_____	_____

Proposed Insured Name _____

5. OWNERSHIP INFORMATION (complete if different than the insured)

Owner Name (If trust, provide name of trust*)	Relationship to Proposed Insured
Primary Residence Street Address	Taxpayer Identification Number
City, State, Zip Code	Date of Birth (If trust, provide date of trust*)
Joint Owner Name	Relationship to Proposed Insured
Primary Residence Street Address	Taxpayer Identification Number
City, State, Zip Code	Date of Birth
Contingent Owner Name	Relationship to Proposed Insured

* Submit copy of trust with this application.

6. OTHER INSURANCE

(a) Is there other life insurance or annuities in force or applied for? Yes No
(If yes, list all other life insurance or annuities in force or currently being applied for, even if sold, assigned, or viaticated.)

Insured's Name	Company	Amount	Policy Number	Check if Pending	Year Issued	Primary Purpose
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		

(b) If coverage is pending, will all pending coverage be accepted? Yes No
If no, explain. _____

7. REPLACEMENT

(a) Will the insurance applied for with this application replace or affect any of the Owner's other life or annuity contracts (including pending coverage provided with a binding receipt)? Yes No
If yes, list company name(s) and policy number(s) and provide necessary forms:

(b) Is this an Internal Revenue Code section 1035 exchange? Yes No

8. ACTIVELY AT WORK

(a) Are you actively at work full time (30 hours or more per week) at your usual place of business on the date this application is signed? Yes No
If no, please explain _____

(b) Have you missed 5 or more consecutive days in the past 90 days because of medical reasons such as illness or injury? Yes No
If yes, please explain _____

9. TOBACCO USE

Within the past 12 months, have you used cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum/patch or other products containing nicotine? Yes No
If yes, provide details _____



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

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

**Guaranteed/
Simplified Issue
Life Insurance
Application**

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

PART C – AGREEMENT/AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

AGREEMENT

Statements In Application: I represent that all statements in this application 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 the statements in the application, including statements by the Proposed Insured in any medical questionnaire that becomes a part of this application, shall be the basis of any insurance issued. I also understand that misrepresentations can mean denial of an otherwise valid claim and rescission of the policy during the contestable period.

I understand that the policy(ies) delivered to me may be from a different issuer than what was listed in the application. I understand and agree that my acceptance of the policy(ies) shall be considered an amendment to this application. Each policy has only one issuing company and that issuer is solely responsible for the obligations under that policy.

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

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 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 this application, medical questionnaire, or amendment that becomes a part of this application; and
- 3) The Acknowledgement of Delivery form is signed by me and the Proposed Insured (if different than me) and dated at delivery.

If these conditions are met, the policy is deemed effective on the Policy Date stated in the policy data pages.

Limitation of Authority: I understand and agree that no agent, broker, licensed representative, telephone interviewer, 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 truthful and complete answers to all questions on this 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 interviewer, medical examiner or other person shall be considered knowledge of the Company unless such fact is stated in the application.

If my employer is the owner and beneficiary on this application: I agree to allow my employer to purchase insurance on my life. I understand that my employer or trustee will have all present and future rights of ownership and will also be the beneficiary of the policy. There is no obligation, on my part, to pay the policy premiums. I acknowledge that as an employee, the employer or trustee has an insurable interest in my life. I understand and agree that my administrators, estate, heirs and assignees have no rights to the policy or any policy proceeds. I understand that the maximum face amount for which I could be insured at the time of issuance is generally not more than 30 times compensation, up to a maximum of \$30,000,000, subject to underwriting guidelines. I further authorize my employer or trustee to increase or decrease the amount of insurance on my life in the future without another consent from me and without further notice to me as long as I am employed by the employer. I consent to and authorize my employer, trustees, or its successors to continue to be the owner and beneficiary of this policy(s) indefinitely including after the end of my employment by the employer.

AUTHORIZATION

I authorize any insurance (or reinsuring) company, consumer reporting agency, governmental agency, insurance agent, broker, licensed representative, or any other organization, institution or person having personal information (including physical, mental, drug or alcohol use history) regarding me, the named proposed insured, to provide to the Company, its representatives or reinsurers, any such data. I authorize the Company or its representative to conduct a telephone interview in connection with my application for insurance.

I understand and agree to sign any authorization that is required to authorize any doctor, hospital, clinic, health care provider, laboratory, pharmacy benefit manager or any other institution having personal information (including physical, mental, drug or alcohol use history) regarding the named proposed insured to provide the Company, its representatives or reinsurers any such data. I understand that if I refuse to sign an authorization to release my complete medical record, the Company may not be able to process my application for life insurance coverage.

PART C – AGREEMENT/AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION (CONTINUED)

I authorize the Medical Information Bureau (MIB, Inc.) to furnish the above data to the Company, its representative or its reinsurers. I authorize the Company or its representative to release any such data to MIB, Inc. or as required by law. Notwithstanding any other provision in this form, the authorization to release data to the MIB, Inc. shall survive the termination of this form to the extent necessary to confirm, correct or update previously supplied data to the MIB, Inc. Data released may include results of my medical examination or tests requested by the Company. I understand that the data obtained by use of this authorization will be used by the Company to determine eligibility for insurance I agree that this authorization shall be valid for 24 months from the date of this application. I may revoke this authorization for information not then obtained. Such revocation must be in writing. It will not be effective until received at the Company's Home Office. I agree a photocopy of this authorization is as valid as the original. I have received a copy of this authorization. I have received a copy of the "Notice of Insurance Information Practices," which includes notice required by any Fair Credit Reporting Act. It also describes MIB, Inc.

C.O.D. or Advance Premium Paid:

- This application is C.O.D. and I have not been given any Conditional Receipt with this application.
- I have paid \$ _____ as an advance premium with this application which is no less than one month's advance premium and I have been given the Life Insurance Conditional Receipt. In return I have read, understand, and agree to its terms.
- I have submitted an Absolute Assignment form with this application and I have been given the Life Insurance 1035 Conditional Receipt. In return I have read, understand, and agree to its terms.

Warning: It is a crime to provide false, misleading, or incomplete information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines and denial of insurance benefits.

OWNER TAXPAYER IDENTIFICATION NUMBER CERTIFICATION: As proposed owner of this contract, I certify under penalties of perjury: (1) The taxpayer identification number shown on this application is correct, (2) I am not subject to IRS backup withholding, and (3) I am a U.S. person (which includes a U.S. resident alien). If subject to backup withholding complete W-9. If not a U.S. person complete W-8. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signatures – Please read all of the above Agreements, Authorizations, and Certification before signing below.

Signature of Proposed Insured (If age 15 or over)		
X		
Signature of Parent (If Proposed Insured is under age 18 and Parent has not signed as Owner)		
X		
Signature of Owner(s), if other than Proposed Insured. If corporation, an officer other than the Proposed Insured must sign and include officer's title. If joint ownership or Trust, all joint owners/trustees must sign. If signing as a Trustee include 'Trustee' as title.		
X	Title	
X	Title	
X	Title	
Date	Signature of Licensed Agent/Broker/Representative	License Number
	X	
Cosignature by resident Licensed Agent/Broker/Representative, if applicable in your state	Date	License Number
X		



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AGREEMENT

Statements In Application: I represent that all statements in this application 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 the statements in the application, including statements by the Proposed Insured in any medical questionnaire that becomes a part of this application, shall be the basis of any insurance issued. I also understand that misrepresentations can mean denial of an otherwise valid claim and rescission of the policy during the contestable period.

I understand that the policy(ies) delivered to me may be from a different issuer than what was listed in the application. I understand and agree that my acceptance of the policy(ies) shall be considered an amendment to this application. Each policy has only one issuing company and that issuer is solely responsible for the obligations under that policy.

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- 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 this application, medical questionnaire, or amendment that becomes a part of this application; and
- 3) The Acknowledgement of Delivery form is signed by me and the Proposed Insured (if different than me) and dated at delivery.

If these conditions are met, the policy is deemed effective on the Policy Date stated in the policy data pages.

Limitation of Authority: I understand and agree that no agent, broker, licensed representative, telephone interviewer, 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 truthful and complete answers to all questions on this 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 interviewer, medical examiner or other person shall be considered knowledge of the Company unless such fact is stated in the application.

If my employer is the owner and beneficiary on this application: I agree to allow my employer to purchase insurance on my life. I understand that my employer or trustee will have all present and future rights of ownership and will also be the beneficiary of the policy. There is no obligation, on my part, to pay the policy premiums. I acknowledge that as an employee, the employer or trustee has an insurable interest in my life. I understand and agree that my administrators, estate, heirs and assignees have no rights to the policy or any policy proceeds. I understand that the maximum face amount for which I could be insured at the time of issuance is generally not more than 30 times compensation, up to a maximum of \$30,000,000, subject to underwriting guidelines. I further authorize my employer or trustee to increase or decrease the amount of insurance on my life in the future without another consent from me and without further notice to me as long as I am employed by the employer. I consent to and authorize my employer, trustees, or its successors to continue to be the owner and beneficiary of this policy(s) indefinitely including after the end of my employment by the employer.

AUTHORIZATION

I authorize any insurance (or reinsuring) company, consumer reporting agency, governmental agency, insurance agent, broker, licensed representative, or any other organization, institution or person having personal information (including physical, mental, drug or alcohol use history) regarding me, the named proposed insured, to provide to the Company, its representatives or reinsurers, any such data. I authorize the Company or its representative to conduct a telephone interview in connection with my application for insurance.

I understand and agree to sign any authorization that is required to authorize any doctor, hospital, clinic, health care provider, laboratory, pharmacy benefit manager or any other institution having personal information (including physical, mental, drug or alcohol use history) regarding the named proposed insured to provide the Company, its representatives or reinsurers any such data. I understand that if I refuse to sign an authorization to release my complete medical record, the Company may not be able to process my application for life insurance coverage.

CLIENT COPY

PART C – AGREEMENT/AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION (CONTINUED)

I authorize the Medical Information Bureau (MIB, Inc.) to furnish the above data to the Company, its representative or its reinsurers. I authorize the Company or its representative to release any such data to MIB, Inc. or as required by law. Notwithstanding any other provision in this form, the authorization to release data to the MIB, Inc. shall survive the termination of this form to the extent necessary to confirm, correct or update previously supplied data to the MIB, Inc. Data released may include results of my medical examination or tests requested by the Company. I understand that the data obtained by use of this authorization will be used by the Company to determine eligibility for insurance I agree that this authorization shall be valid for 24 months from the date of this application. I may revoke this authorization for information not then obtained. Such revocation must be in writing. It will not be effective until received at the Company's Home Office. I agree a photocopy of this authorization is as valid as the original. I have received a copy of this authorization. I have received a copy of the "Notice of Insurance Information Practices," which includes notice required by any Fair Credit Reporting Act. It also describes MIB, Inc.

C.O.D. or Advance Premium Paid:

- This application is C.O.D. and I have not been given any Conditional Receipt with this application.
- I have paid \$ _____ as an advance premium with this application which is no less than one month's advance premium and I have been given the Life Insurance Conditional Receipt. In return I have read, understand, and agree to its terms.
- I have submitted an Absolute Assignment form with this application and I have been given the Life Insurance 1035 Conditional Receipt. In return I have read, understand, and agree to its terms.

Warning: It is a crime to provide false, misleading, or incomplete information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines and denial of insurance benefits.

OWNER TAXPAYER IDENTIFICATION NUMBER CERTIFICATION: As proposed owner of this contract, I certify under penalties of perjury: (1) The taxpayer identification number shown on this application is correct, (2) I am not subject to IRS backup withholding, and (3) I am a U.S. person (which includes a U.S. resident alien). If subject to backup withholding complete W-9. If not a U.S. person complete W-8. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

CLIENT COPY

**Statement of Variability
SN 24 et al**

The variability for bracketed items in the above-referenced form is provided below. This Statement of Variability reflects bracketing of items that will vary based upon policy specific information. In addition, this Statement of Variability also reflects bracketing of items that Principal National Life Insurance Company might vary within the range provided for future issues without requiring a re-filing. We have bracketed these items so we may more quickly respond to changes in the market, in company experience, or in the regulatory environment. Any changes made in such items will be determined based on sound actuarial practice and administered in a uniform and non-discriminatory manner. Such variable information will not be changed for issued policies, only for new issues.

All forms which include an officer signature(s):

Company officer signature and title are bracketed to allow for future changes to the officer signature and/or officer title without refiling the forms for state approval.

SN 24-1, Page 3

1. Prints policy number.
2. Prints owner's name(s).
3. Prints insured's name.
4. Prints insured's risk class.
5. The following lines print when the policy is issued under our special underwriting programs:
Special Underwriting Program*
*Cost of insurance rates for this policy reflect the special underwriting program and are higher than the rates associated with the Insured's risk class.
6. Prints insured's age and gender (if unisex rate basis, prints 'unisex').
7. Prints Policy Date.
8. The following line prints when a change of insured is exercised under an attached Change of Insured Rider:
Change of Insured Date: [Date]
9. The following line prints on an adjustment data page:
Adjustment Date: [Date]
10. Prints Policy Maturity Date based on insured's age 121.
11. Prints the policy Face Amount.
12. Prints Option 1, Option 2, or Option 3.
13. Prints Cash Value Accumulation Test or Guideline Premium Test.
14. Prints amount of planned periodic premium.
15. Prints chosen planned premium frequency.
16. Prints No Lapse Guarantee Monthly Premium

SN 24-1, Page 3-1

17. Prints surrender charges for policy based on insured's characteristics and plan details. The company may revise the surrender charges per \$1000 for future issues within the following range: \$0 to the SNFL maximum.
18. The company may revise the guaranteed maximum Premium Expense Charge for future issues within the following range: 0% thru 200% of the current 10.0% charge.
18(a). Prints the Target Premium
19. Prints maximum monthly policy issue charge for policy based on insured's characteristics and plan details. The company may revise the maximum policy issue charge for future issues within the following range: \$0.00001 to \$2.00792.
20. The maximum monthly administration charge is currently \$10.00. The company may revise the maximum monthly administration charge for future issues within the following range: 0% thru 200% of the current charge.
21. The company may revise the maximum transaction fee for future issues within the following range: \$0.01 to \$50.00.
22. Full Underwriting, ages 0-19: prints \$25,000.
Full Underwriting, ages 20+: prints \$50,000.
For guaranteed issue and other underwriting programs: prints \$100,000.
For group conversion cases: prints \$1000.
23. Prints \$50,000, except prints \$10,000 if issued under our guaranteed issue underwriting program.

SN 24-1, Page 3-2

24. Applicable guaranteed maximum cost of insurance rates print here.
25. The sample data page shows the language that prints when issued on sex-distinct policies.
 - Alternate paragraph that prints when issued on unisex policies:

Basis of Values: Guaranteed maximum cost of insurance rates are based on 2001 CSO (80) Mortality Unismoke Table, age nearest birthday.
26.
 - The following additional sentence prints if the policy is issued with a substandard table rating:
The guaranteed cost of insurance rates are higher than standard to reflect a substandard rating.
 - The following additional sentence prints if the policy is issued under our special underwriting programs:

Cost of insurance rates for this policy reflect the special underwriting program and are higher than the rates associated with the Insured's risk class.
 - The following additional paragraph or paragraphs print if the policy is issued with a permanent and/or temporary flat extra charge:

Additional Rate Charges:

Your policy has an additional annual rate charge per thousand of Face Amount of: \$xx.xx. This charge will automatically end on the later of Your 20th policy anniversary or Attained Age 65.

Your policy has an additional annual rate charge per thousand of Face Amount of: \$xx.xx. This charge will automatically end on: [Date].

SN 24-1, Page 3-3

27. Table prints percentages necessary to comply with Section 7702 of the Internal Revenue Code. Prints the Guideline Premium Test Table (shown on the sample Data Pages) or the Cash Value Accumulation Test Table below (age 35 example). The Cash Value Accumulation table varies by the insured's characteristics.

This policy complies with Section 7702 of the Internal Revenue Code under the Cash Value Accumulation Test, which requires that the total death benefit is greater than or equal to the Accumulated Value multiplied by the applicable percentage from the following table.

Insured's Attained Age	Percentage of Accumulated Value	Insured's Attained Age	Percentage of Accumulated Value	Insured's Attained Age	Percentage of Accumulated Value
35	474.52	64	188.19	93	111.89
36	458.30	65	183.35	94	110.88
37	442.66	66	178.74	95	109.83
38	427.55	67	174.34	96	108.68
39	413.01	68	170.11	97	107.33
40	399.00	69	166.04	98	105.61
41	385.51	70	162.12	99	103.30
42	372.54	71	158.36	100	101.00
43	360.09	72	154.74	101	101.00
44	348.13	73	151.32	102	101.00
45	336.69	74	148.07	103	101.00
46	325.73	75	144.97	104	101.00
47	315.22	76	142.02	105	101.00
48	305.12	77	139.20	106	101.00
49	295.35	78	136.52	107	101.00
50	285.91	79	133.99	108	101.00
51	276.80	80	131.61	109	101.00
52	268.02	81	129.39	110	101.00
53	259.61	82	127.31	111	101.00
54	251.56	83	125.37	112	101.00
55	243.86	84	123.54	113	101.00
56	236.52	85	121.83	114	101.00
57	229.52	86	120.23	115	101.00
58	222.84	87	118.75	116	101.00
59	216.41	88	117.39	117	101.00
60	210.23	89	116.14	118	101.00
61	204.30	90	114.98	119	101.00
62	198.65	91	113.92	120	101.00
63	193.28	92	112.89	121+	101.00

SN 24-1, Page 3-4 to 3-5

Rider Data Pages:

Prints Rider information for all riders issued with the policy.

28. Prints effective date of rider.
29. Prints expiration date of rider.
30. Prints the chosen number of units.
31. The amount that prints equals the number of chosen units multiplied by \$1000.
32. Prints risk class for the rider.
33. Prints the following sentence when the policy includes both the Children Term Insurance Rider and the Waiver of Monthly Policy Charge Rider: "An additional annual charge of [\$0.19] per unit is charged for waiver on Your Children Term Insurance Rider."
34. Prints amount equal to the face amount that is at a standard or better risk class.
35. The sample data page shows the rider charge when a policy is issued under the Guideline Premium Test. The alternate rider charge that will print when the policy is issued under the Cash Value Accumulation Test is 13.5%. The company may revise the rider charge for future issues within the following range: 1% to 200%.
36. The sample data page shows the guaranteed minimum loan indebtedness percent when a policy is issued under the Guideline Premium Test. The alternate percentage that will print when the policy is issued under the Cash Value Accumulation Test is 86%. The company may revise the guaranteed minimum loan indebtedness percent for future issues within the following range: 1% to 200%.
37. Prints the date for the annual increase under the rider.
38. Prints the multiplier as defined by the rider.
39. The company may revise the Maximum Increase Percentage for future issues from the current 20% to a percentage within the following range: 10% thru 40%.
40. For standard risk classes, the Maximum Increase Amount is currently \$30,000 at no charge and this amount may be increased by up to an additional \$70,000 at a charge (for a total Maximum Increase Amount of up to \$100,000). Substandard risk classes are currently limited to \$30,000 and a substandard charge applies. The company may revise the Maximum Increase Amount for future issues within the following ranges: Standard issues at no charge and substandard issues: \$30,000 thru \$50,000; total Maximum Increase Amount: \$100,000 thru \$200,000.
41. The company may revise the Maximum Lifetime Increase Amount for future issues from the current \$1,000,000, to an amount within the following range: \$1,000,000 thru \$2,000,000.
42. This line prints when the Insured is a standard risk class and the applicable charge per month prints.
43. The following statement and applicable rider rate charge prints when the Insured is a substandard risk class:

This rider has a rate charge per thousand of Maximum Increase Amount of \$xxx.xx. This charge will automatically end on: [Date].
44. Prints rider rates that vary by the insured's characteristics.
45. Prints '1.0' if standard or a multiple if substandard.

Endorsement, SN 27

This form is used when a client is converting an existing term policy to permanent insurance and the suicide/incontestable period of the term policy has expired.

1. Prints the converted term policy's face amount here.
2. Prints the permanent insurance policy's issue date here.
3. Prints the converted term policy's issue date here.

Principal Financial Group
Illustration Actuary Certification

I, Thomas A. Phillips, am Senior Actuary for Principal National Life Insurance Company and a member of the American Academy of Actuaries in good standing. I was appointed by the Board of Directors of said insurer to be the illustration actuary for all plans of insurance issued by the Individual Division of the Principal subject to the Life Insurance Illustration Regulation for this state. The appointment was documented in the Board Minutes dated July 10, 2008. I meet the Academy requirements for making this certification and the requirements of applicable state regulations.

Scales of non-guaranteed elements used in illustrating the plans of insurance for our illustrated policy forms meet the requirements of the regulation. The disciplined current scales for these plans are in conformity with the Actuarial Standard of Practice for Compliance with the NAIC Life Insurance Illustration Model Regulation (ASOP 24) promulgated by the Actuarial Standards Board. The expenses used in calculation of the disciplined current scale for all policy forms subject to this regulation were the 2008 Generally Recognize Expense Table expenses.

In making this certification, I have reviewed and am satisfied with the results of data supplied by Carol Meyer and Mark Oiler who are members of the American Academy of Actuaries in good standing.



Thomas A. Phillips, FSA, MAAA
Senior Actuary – Pricing

October 9, 2008

Date

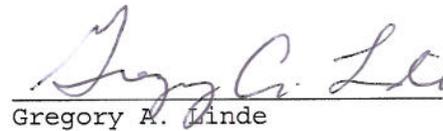
ACTION BY WRITTEN CONSENT
OF
BOARD OF DIRECTORS
OF
PRINCIPAL NATIONAL LIFE INSURANCE COMPANY

July 10, 2008

The undersigned, being all of the members of the Board of Directors of Principal National Life Insurance Company (the "Company"), hereby adopt the following resolution effective as of July 10, 2008:

RESOLVED, that pursuant to the National Association of Insurance Commissioners (NAIC) "Life Insurance Illustrations Model Regulation," which has been widely adopted by the various state insurance departments, Thomas Phillips, Senior Actuary-Pricing, is hereby appointed Illustration Actuary


John E. Aschenbrenner


Gregory A. Linde


Michael H. Gersie


Deanna D. Strable-Soethout

LIFE ILLUSTRATIONS – **SUPPLEMENTAL** IDENTIFICATION FORM

COMPANY NAME: PRINCIPAL NATIONAL LIFE INSURANCE COMPANY
NAIC NO.: 71161
CONTACT PERSON: KELLY STOKES
PRODUCT AND DISTRIBUTION COMPLIANCE
711 HIGH STREET
DES MOINES, IOWA 50392

ILLUSTRATED

FORM	FORM NUMBER
Flexible Premium Universal Life Insurance Policy	SN 24
Children Term Insurance Rider	SN 13
Cost of Living Increase Rider	SN 14
Extended Coverage Rider	SN 9
Life Paid-Up Rider (Overloan Protection)	SN 25
Salary Increase Rider	SN 8
Waiver of Monthly Policy Charge Rider	SN 26

NON-ILLUSTRATED

FORM	FORM NUMBER
Accelerated Benefits Rider	SN 12
Aviation Exclusion Rider	SN 10
Change of Insured Rider	SN 7
Hazardous Sports Exclusion Rider	SN 11
Endorsement	SN 27

FOR ILLUSTRATED FORMS:

ILLUSTRATION ACTUARY'S NAME

Thomas A. Phillips, FSA, MAAA