

**State:** Arkansas **Filing Company:** Principal Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** GI-Multi-Life Application  
**Project Name/Number:** App-Misc Life Apps/

## Filing at a Glance

Company: Principal Life Insurance Company  
Product Name: GI-Multi-Life Application  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 08/17/2012  
SERFF Tr Num: PRLD-128322160  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: AA3406N-1 PLIC  
  
Implementation: On Approval  
Date Requested:  
Author(s): Peggy Pavelka  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 08/22/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** GI-Multi-Life Application  
**Project Name/Number:** App-Misc Life Apps/  
**Filing Company:** Principal Life Insurance Company

## General Information

Project Name: App-Misc Life Apps  
 Project Number:  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Deemer Date:  
 Submitted By: Peggy Pavelka  
 Filing Description:  
 RE New Submission - Individual Life  
 Form No. AA 3406N STND-1, Master Application for Guaranteed Issue Individual Life Insurance  
 Form No. CC 906 STND, Consent for Employer to Purchase Individual Life Insurance

Status of Filing in Domicile: Authorized  
 Date Approved in Domicile: 08/16/2012  
 Domicile Status Comments: Submitted forms were approved for use in our domicile state, Iowa, via the Interstate Compact.  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 08/22/2012  
 State Status Changed: 08/22/2012  
 Created By: R Grubb  
 Corresponding Filing Tracking Number:

Enclosed for your approval are the above referenced forms.

AA 3406N STND-1, Master Application Guaranteed Issue Individual Life Insurance, will be used by our Individual field force to submit Guaranteed Issue, multi-life employer owned cases. CC 906 STND, Consent for Employer to Purchase Individual Life Insurance, will be used by the employee/insured to consent to the issuance of insurance on his/her life, owned by and paid for the benefit of, the corporate owner. This form meets state and federal rules requiring that employees give such consent prior to the issuance of any coverage.

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.

## Company and Contact

### Filing Contact Information

Peggy Pavelka, Senior Analyst  
 711 High Street  
 Des Moines, IA 50392-0001  
 pavelka.peggy@principal.com  
 800-255-6603 [Phone] 5 [Ext]  
 515-235-5494 [FAX]

### Filing Company Information

Principal Life Insurance Company  
 711 High Street  
 Des Moines, IA 50392  
 (515) 246-7086 ext. [Phone]  
 CoCode: 61271  
 Group Code: 332  
 Group Name:  
 FEIN Number: 42-0127290  
 State of Domicile: Iowa  
 Company Type:  
 State ID Number:

## Filing Fees

**State:** Arkansas **Filing Company:** Principal Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** GI-Multi-Life Application  
**Project Name/Number:** App-Misc Life Apps/

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$50 per form x 2 forms.  
Per Company: No

Company	Amount	Date Processed	Transaction #
Principal Life Insurance Company	\$100.00	08/17/2012	61786235

SERFF Tracking #:

PRLD-128322160

State Tracking #:

Company Tracking #:

AA3406N-1 PLIC

State:

Arkansas

Filing Company:

Principal Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

GI-Multi-Life Application

Project Name/Number:

App-Misc Life Apps/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/22/2012	08/22/2012

SERFF Tracking #:

PRLD-128322160

State Tracking #:

Company Tracking #:

AA3406N-1 PLIC

State:

Arkansas

Filing Company:

Principal Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

GI-Multi-Life Application

Project Name/Number:

App-Misc Life Apps/

## Disposition

Disposition Date: 08/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Master Application for Guaranteed Issue Individual Life Insurance		Yes
Form	Consent for Employer to Purchase Individual Life Insurance		Yes

**State:** Arkansas  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** GI-Multi-Life Application  
**Project Name/Number:** App-Misc Life Apps/

**Filing Company:** Principal Life Insurance Company

## Form Schedule

Lead Form Number: AA3406N-1

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		AA 3406N STND-1	AEF	Master Application for Guaranteed Issue Individual Life Insurance	Initial:	50.400	AA3406NSTND-1.pdf
2		CC 906 STND	AEF	Consent for Employer to Purchase Individual Life Insurance	Initial:	52.900	CC906STND.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



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

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

**Master Application for  
 Guaranteed Issue  
 Individual 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 Master Application is used for a single Applicant/Owner to apply for Guaranteed Issue Individual Life Insurance on multiple lives where the Owner is an Employer or Trust established on behalf of the Employer.

The following items shall form a part of any Policy issued:

- Master Application for Guaranteed Issue Individual Life Insurance
- Principal Variable Universal Life Supplemental Application (if applicable)
- Census of Proposed Insureds
- Corresponding Consent for Employer to Purchase Individual Life Insurance form ["Consent form" (CC906 STND)]

**Part A: Applicant/Owner Information**

Name (If Owner is a Trust, provide Trust date)	Trust Date	Tax I.D.
Contact/Trustee Name		
Street Address	City	State Zip

**Part B: Employer Information (Complete if different than Part A)**

Name	Tax I.D.
Contact Name	
Street Address	City State Zip

**Part C: Beneficiary**

The Owner shall be sole beneficiary unless otherwise specified below.  
 (Note: For Split Dollar, include one Endorsement Split Dollar Benefit Instructions form per policy)

Other: \_\_\_\_\_

**Part D: Policy Information**

**Product** \_\_\_\_\_

**Definition of Life Insurance**  
 Guideline Premium Test (GPT)       Cash Value Accumulation Test (CVAT)

**Death Benefit Option**  
 Option 1 – Level Face Amount       Option 2 – Face Amount + Accumulated/Policy Value  
 Option 3 – Face Amount + Premiums Paid (Less partial surrenders)

**Optional Benefit Riders (May not be available on all Products)**  
 Accounting Benefit Rider     Change of Insured Rider     Salary Increase Rider (Indicate SIR Amount on Census)  
 Supplemental Benefit Rider (Indicate SBR Amount on Census)     Surrender Value Enhancement Rider (SVBR)  
 Other Rider \_\_\_\_\_

**Premium Payment Information**  
 List Bill (Submit Consolidated Premium Statement Agreement)       No Bill (Excess/Deferred Comp Plan Only)  
 Direct Bill (One bill per policy)       Monthly (EFT – One per policy)       Single Pay

**Premium Frequency (Only available if List Bill or Direct Bill)**  
 Annual       Semi-Annual       Quarterly       Monthly (Not available for Direct Bill)

**Part E: Insured**

Are the proposed insureds on the Census of Proposed Insureds W2 salaried employees of the Employer?

Yes  No

If "No", provide details of the Employer relationship with the proposed insureds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Census of Proposed Insureds**

Must be submitted prior to policy issuance. Include the effective date of the Census of Proposed Insureds and the Employer name as stated in this application. The following requirements must be provided for each proposed insured:

- First and Last Name
- Date of Birth
- Gender
- Social Security Number
- Initial Base Policy Face Amount
- Supplemental Benefit Rider (SBR) Amount
- Total Face Amount (if electing Supplemental Benefit Rider (SBR))
- Salary Increase Rider (SIR) Amount (if applicable)
- Planned Modal Premium
- Job Title
- Annual Salary

**Part F: Other Life Insurance**

Does the Applicant/Owner or Employer have any existing or pending individual life insurance or annuity contracts with any company?

Yes  No

If "Yes", provide the following information on each policy:

Employee's Name	Company	Amount	Policy Number	Is Employee a Proposed Insured on Census?
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

If coverage is PENDING with other companies and will not be accepted, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Part G: Replacement**

Will any of the policies applied for cause a change in or involve a cash withdrawal or loan to occur on any life insurance or annuity contract owned by the Applicant/Owner or Employer (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 "Yes", are any of the replaced policies intended to be an IRC Section 1035 Exchange?

Yes  No

**Part H: Representations**

Will the premiums, now or in the future, be funded by a loan or other means from another entity other than the Applicant/Owner or Employer?

Yes     No    If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant/Owner or Employer been involved in any communication about the possible sale or assignment of all or a portion of one or more of the policies applied for under this application?

Yes     No    If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part I: Additional Information and Requests**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part J: Taxpayer Identification Number Certification**

As Applicant/Owner of this contract, I certify under penalties of perjury:

1. The taxpayer identification number shown on this application is correct.
2. The Applicant/Owner is a U.S. person (i.e. an individual or a trust, partnership, association, company or corporation created or organized in the United States).
3. The Applicant/Owner is not subject to backup withholding unless indicated below.

Check this box  if the Applicant/Owner is currently subject to backup withholding.

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

**Part K: Agreement/Acknowledgement**

**Statements in Application:** I represent that all statements in this Master Application and accompanying Census of Proposed Insureds are true and complete, to the best of my knowledge and belief. These items along with the Consent form shall be the basis of any insurance issued. I understand that misrepresentations can mean denial of an otherwise valid claim and rescission of the policy during the contestable period.

**Fraud Notice Warning:** Any person who knowingly presents a false statement in an application for insurance may be guilty of criminal offense and subject to penalties under state law.

**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.

**Employer Acknowledgement/Certification:** I acknowledge and understand the potential significance of Internal Revenue Code (IRC) Section 101(j) and that the policies' death benefits may be income taxable unless I, as Employer, have satisfied the conditions of IRC Section 101(j). I understand that it remains the Employer's responsibility to ensure both current and ongoing compliance with the requirements of IRC Section 101(j) including: (1) obtaining written consent from each of the employees that the Employer may insure his/her life and the maximum amount of insurance that may be obtained on his/her life, (2) complying with applicable state insurable interest laws and (3) submitting appropriate annual IRS filings. By signing this application, I acknowledge my understanding of this information, and that I have obtained or will obtain from my independent tax and legal advisors whatever advice I deem necessary or appropriate concerning the taxation of the life insurance policies.

**Signatures**

Signed at: City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Authorized Officer or Trustee of Applicant/  
Owner

Signature of Authorized Officer or Trustee of Applicant/  
Owner

Title

Print Name of Authorized Officer of Employer  
*(If different than Applicant/Owner)*

Signature of Authorized Officer of Employer  
*(If different than Applicant/Owner)*

Title

Print Name of Agent/Broker/Licensed Representative

Signature of Agent/Broker/Licensed Representative

List additional Individuals authorized to sign on behalf of the Owner (*Owner to notify us with any change to authorized Individuals*).

Print Name

Print Name

Title

Title

Signature

Signature



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

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

**Consent for Employer  
 to Purchase Individual  
 Life Insurance**

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

Employer Name	Proposed Insured Name (First, Middle, Last)
---------------	---

I agree to allow the Employer or trustee of a Trust established or sponsored by the Employer to purchase insurance on my life. I understand that the 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 the Employer or trustee will have an insurable interest on my life.

I understand and agree that the Employer will be a direct or indirect beneficiary of all or a portion of the death proceeds payable under the policy and that my administrators, estate, heirs and assignees have no rights to the policy.

I further authorize the 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 / associated with the Employer.

I consent to and authorize the Employer or trustee or their successors to continue to be the owner and beneficiary of this policy(s) indefinitely including after the end of my employment by the Employer.

*Check Appropriate Box Below:*

**I understand that the maximum face amount for which I could be insured at the time of issuance is:**

Not more than 30 times compensation, up to a maximum of \$30,000,000 subject to underwriting guidelines or

Not to exceed \$ \_\_\_\_\_ face amount, subject to underwriting guidelines.

**Proposed Insured Details:**      Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_      Social Security Number \_\_\_\_\_

Are you a U.S. citizen or have a permanent U.S. resident status? .....  Yes     No

Do you currently reside in the U.S.? .....  Yes     No

If either of the above answers are "No", please provide details: \_\_\_\_\_

---

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", please provide type(s) of tobacco, date last used and amount per day: \_\_\_\_\_

**Employment Details:**      Date of Hire \_\_\_ / \_\_\_ / \_\_\_\_\_

Are you actively at work full time (30 hours or more per week) at your usual place of business 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 provide details: \_\_\_\_\_

---

Workplace Address of Proposed Insured	City	State	Zip
---------------------------------------	------	-------	-----

I represent that the above statements are true and complete to the best of my knowledge and belief. They will become a part of the insurance application.

Signature of Proposed Insured	Date
	/    /

SERFF Tracking #:

PRLD-128322160

State Tracking #:

Company Tracking #:

AA3406N-1 PLIC

State:

Arkansas

Filing Company:

Principal Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

GI-Multi-Life Application

Project Name/Number:

App-Misc Life Apps/

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	<p>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.</p> <p>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.</p> <p>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.</p> <p>Attached is the Flesch Certification.</p>		
Attachment(s):			
	AR Readability cert - PLIC.pdf		



**ARKANSAS CERTIFICATION**

**PRINCIPAL LIFE INSURANCE COMPANY**

RE: AA 3406N STND-1, CC 906 STND

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	Form No.	Score
Master Application for Guaranteed Issue Individual Life Insurance	AA 3406N STND-1	50.4
Consent for Employer to Purchase Individual Life Insurance	CC 906 STND	52.9

A handwritten signature in black ink, appearing to read "Jeff Hostetter", written in a cursive style.

---

Jeff Hostetter  
Assistant Director, Individual Product Management

8-17-2012  
Date