

Security Administrator contact information

Principal Life Insurance Company®
Des Moines, IA 50392-0001
1-877-475-3436
www.principal.com
A member of Principal Financial Group®



For plan services provided by Principal Life Insurance Company®

Please print, complete and return to ACCE at accebenefitsteam@acce.org.

Company information (please type or print in BLACK ink)

Plan name _____ Product number _____ Location number _____

Employer street address _____

City _____ State _____ Zip _____

Secondary Security Administrators: Secondary Security Administrators are individuals who have a need to access the employer portion of the principal.com website. Once the Primary Security Administrator grants the Secondary Security Administrator access, the Secondary Security Administrator must obtain their own username and password by clicking on the "Establish username and password" link on the web site. If the Secondary Security Administrator will need to access the site within 5 days of having access established by the Primary Security Administrator please contact the Client Call Center (Electronic Data Services) at 1-877-475-3436 for assistance with obtaining the employer access code. If access isn't needed immediately, they can use the "Request employer access code" link. The Secondary Security Administrator must perform this step.

Website security administrator removal

Remove Security Administrator(s) indicated

Name _____ Date of termination of employment _____

Name _____ Date of termination of employment _____

Website security administrator assignment

New Secondary Administrator Mail the plan quarterly employer reports to this administrator

Name _____ Social Security Number _____ Date of birth _____

Date of hire _____ Title _____

Company (if not employed by the participating ACCE member organization) _____

Home street address _____

City _____ State _____ Zip _____

Business phone _____ Cell phone _____ Business e-mail address _____

Website security administrator assignment

New Secondary Administrator

Mail the plan quarterly employer reports to this administrator

Name	Social Security Number	Date of birth
Date of hire	Title	
Company (if not employed by the participating ACCE member organization)		
Home street address		
City	State	Zip
Business phone	Cell phone	Business e-mail address

Website security administrator assignment

New Secondary Administrator

Mail the plan quarterly employer reports to this administrator

Name	Social Security Number	Date of birth
Date of hire	Title	
Company (if not employed by the participating ACCE member organization)		
Home street address		
City	State	Zip
Business phone	Cell phone	Business e-mail address

My Signature

You have chosen to grant Security Administrator (user) access for the applications listed and described above. Users may grant access to others they deem to be their delegates. Delegates will have the same access and capabilities as the original user. The term "user" throughout the above definitions refers to all users and their delegates.

Applications listed above may contain personal and confidential Plan and/or Plan Participant information, including, but not limited to, social security number, salary information, birth dates and employment dates. Only grant applications that contain confidential information to those users that will handle confidential information appropriately.

Some applications listed above are a Plan Administrator's responsibility and should only be granted to trusted users that are working at the specific direction of the Plan Administrator. The Plan Administrator should supervise the user's actions.

I have read the above application descriptions, and I hereby grant the user access to these applications. My signature authorizes Principal Life Insurance Company to make or update our organization's Security Administrator information as noted above.

X

Authorized Individual for the Plan – Signature

Date

Authorized Individual for the Plan – print

Organization name

For Plan Sponsor use only.

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