

# Death notification form

**Principal Life Insurance Company®**  
Members of Principal Financial Group®  
P.O. Box 9394, Des Moines, IA 50306  
**Fax 866-744-4131**



Your policy indicates its issuer, which is the company responsible for the policy obligations and is referred to herein as the "Company".

## Instructions

Please complete this form when a plan participant dies and return all pages. Upon receipt of this form, Principal Life Insurance Company® (Principal Life) will process this death based on the beneficiary information you provide on this form. We will not compare to other plan records, nor your plan document.

We will also provide the beneficiary(s) with benefit option information, as required by federal law. The Plan Administrator retains fiduciary responsibility for death benefits that remain in the retirement plan.

## Section 1 – Determining the appropriate beneficiary

If the participant didn't designate a beneficiary, please refer to your plan document's death benefit and beneficiary provisions in determining the appropriate beneficiary. The steps below could help in determining who should be paid the death benefit.

1. Obtain the most current Beneficiary Designation from your employee file. If Principal® maintains beneficiary designations, see the *Participant Data* report on the Reports tab at principal.com for the current designation in our records, including its effective date.
2. Obtain a certified copy of the death certificate. If the cause of death on the death certificate is absent, pending, or otherwise inconclusive, you'll want to make sure the beneficiary is not a suspect. States' slayer statutes prohibit convicted felons from benefiting from their crime. Therefore, payment of the death benefit should be delayed until the results of the investigation and/or trial are known. If the beneficiary found to be responsible for the participant's death, please contact us.
3. Review the Beneficiary Designation, the death certificate, and other pertinent information. If the participant was married at death and designated someone else as their beneficiary, did their spouse consent to the designation? If needed, contact your service associate to see if we have a copy of the spousal consent on file.

Review your plan's death benefit provisions to determine who should receive the death benefit and complete Section 2 on the front page.

## Section 2 – Participant information

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Contract or Plan ID

\_\_\_\_\_  
Participant name

\_\_\_\_\_  
Participant ID #

\_\_\_\_\_  
Date of death

Did the participant experience a benefit event prior to his/her death that hasn't been reported? If yes, please report that benefit event via the Manage Participants link under the Participants tab at principal.com.

## Section 3 – Beneficiary information - You must complete either 3A, 3B, 3C or 3D.

Please identify each beneficiary in the spaces below. If there are more beneficiaries than spaces provided, please attach an addendum to this form. See Section 3 on the next page for considerations in determining the appropriate beneficiary.

### 3A – Use this section to identify individual person beneficiaries.

\_\_\_\_\_  
Name Relationship to participant Soc Sec No. Date of birth Percent

\_\_\_\_\_  
Address Apt. No. City State Zip

\_\_\_\_\_  
Name Relationship to participant Soc Sec No. Date of birth Percent

\_\_\_\_\_  
Address Apt. No. City State Zip

### Custodian or Guardianship of Minor Beneficiary

If a minor beneficiary was designated in Section 2A, please complete the below section confirming the Custodian or Guardian of the minor's estate. The death benefit can be paid to a Custodian who must either be designated on the beneficiary designation in compliance with Uniform Transfer to Minors Act or court appointed. Please note the Custodian/Guardian of the minor's estate may be different than the guardian of the minor.

Name of Custodian or Guardian		Relationship to Minor		
Address	Apt. no.	City	State	Zip

### 3B – Use this section to identify beneficiaries of the participant's estate indicated in a small estate affidavit

Complete this section to identify who is to receive payment when the estate is the beneficiary but is too small to probate and individuals are named in a small estate affidavit (in accordance with state regulations).

Name	Relationship to participant	Soc Sec No.	Date of birth	Percent
Address	Apt. No.	City	State	Zip

Name	Relationship to participant	Soc Sec No.	Date of birth	Percent
Address	Apt. No.	City	State	Zip

### 3C – Use this section to identify non-person beneficiaries other than a trust (for example, estates, charities).

Name of non-person beneficiary	Federal tax ID	Percent		
Contact name	Title (for example, Executor, Administrator, Trustee)			
Address	Apt. no.	City	State	Zip

### Section 3D – Use this section to identify a trust beneficiary

Name of trust	Trust ID	Percent		
Contact name	Title (for example, Trustee)			
Address	Apt. no.	City	State	Zip

#### Is the above named trust a See-Through Trust?

- Yes. Complete Section 3D-1 below naming the beneficiaries of the trust.
- No

### Section 3D-1 – Use this section to identify the beneficiaries of the trust (only complete if this is a See-Through Trust)

Name	Relationship to participant	Soc Sec No.	Date of birth	Percent
Address	Apt. No.	City	State	Zip

Name	Relationship to participant	Soc Sec No.	Date of birth	Percent
Address	Apt. No.	City	State	Zip

## Section 4 – Plan sponsor information and signature

On behalf of the plan fiduciary, I authorize Principal Life or its affiliates to make benefit payments to the beneficiaries identified on this form.

This authorization applies to beneficiaries who make a distribution election and also to distributions made in accordance with the small amounts provisions of the plan. In addition, this notification authorizes Principal Life or its affiliates to make benefit payments to beneficiaries who elect a distribution after an original election to leave the benefit in the plan. This authorization remains in effect unless subsequently cancelled by a plan fiduciary, such cancellation being effective upon actual receipt by Principal Life or its affiliates. The plan fiduciary hereby releases Principal Life and its affiliates from any and all liability arising in any way from any payment pursuant to this authorization and prior to its cancellation.

For deceased participants with an outstanding loan balance, this authorization directs Principal Life or its affiliates to make the loan taxable. If the loan is not repaid by the beneficiary within the number of days required in your plan, Principal Life or its affiliates will produce a Form 1099-R the following January and notify the IRS as required. If a beneficiary requests a distribution, the loan will be made taxable at that time even if the repayment period has not expired.

Principal Life will only accept wet signatures or electronic signatures using e-signature software. Typed signatures will not be accepted.

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Print plan representative name

Title

**X**

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Plan Representative Signature

Date

**X**

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Plan Trustee Signature (if applicable)

Date

The subject matter in this communication is educational only and provided with the understanding that Principal® is not rendering legal, accounting, investment or tax advice. You should consult with appropriate counsel, financial professionals, and other advisors on all matters pertaining to legal, tax, investment or accounting obligations and requirements.

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