



Mailing Address:
Des Moines, IA 50306-9397

Principal Life
Insurance Company

Information Sharing
Authorization

Contract No./Plan I.D. No.: _____

Plan Name: _____

As an authorized officer of _____, and for the purpose of binding that corporation in both its non-fiduciary capacity as plan sponsor and its fiduciary capacity as Plan Administrator within the meaning of ERISA for the above-referenced retirement plan, I authorize and direct Principal Life Insurance Company (The Principal[®]) to provide information about that plan, its participants, and their respective accounts as requested from time to time to _____, who serves that plan as a _____.

The Employer is authorizing the release of this information for the sole purpose of enabling _____ to provide services to that plan. This authorization shall remain in effect, and The Principal is entitled to rely on it, until The Principal receives actual notice of any modification or termination hereof.

By signing below, I certify that I have received, read, and understand the description of information that will provided to the individual named in this authorization.

Employer Legal Name: _____
By: _____
Title: _____
Date Signed: _____