



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

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

**Foreign Resident
 Questionnaire**

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

Each Proposed Insured must complete a separate form

PROPOSED INSURED INFORMATION

1. Personal Background

Name (First, Middle, Last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
U.S. TIN or SSN	Country of Birth	Country of Citizenship (copy of Passport may be required)	

If **NOT** a U.S. citizen, list any U.S. Visa including Type, Number, and Expiration Date:

English language familiarity: Speak Read Write

U.S. Address (No P.O. Boxes)	Street Address	City	State	Zip Code
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Primary Address (No P.O. Boxes)	Street Address	City	Country
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Residences	Location	Number of Days/Weeks on Annual Basis	
		Last 12 Months	Next 12 Months
Primary Country of Residence			
U.S. Residence (include short term stays)			
List Other Countries			

Do you travel to any other countries? No Yes If Yes, where, and for what purpose?

List any immediate family members living in the U.S.:

Name	Age	Relationship	Citizenship

Purpose of Insurance: Personal Business (State specific need to be covered)

2. Employment Background

Employer Name		Occupation/duties		
Hire Date (MM/DD/YYYY)	Type of Business	Employer Country: <input type="checkbox"/> U.S. <input type="checkbox"/> Foreign (indicate)		
Employer Address (Foreign) <input type="checkbox"/> N/A	Street Address	City	Country	
Employer Address (U.S.) <input type="checkbox"/> N/A	Street Address	City	State	Zip Code

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3. Financial Background

Verifiable Net Worth	Assets (Verifiable)	Liabilities	Net Worth
Foreign Total (non-U.S.)			
U.S. Total			
Worldwide Total			

U.S. Bank or Brokerage Account Information:

Name	Address	Account Number	Date Account Opened

How will premiums be paid?

OWNER INFORMATION

Will the Owner of the policy be different than the Proposed Insured? No Yes If Yes, provide details:

Name (First, Middle, Last) _____

Street Address _____ City _____ State _____ Zip Code _____

English language familiarity: Speak Read Write

SOLICITATION INFORMATION

The Company is not authorized to conduct insurance business outside of the United States. This limitation also applies to Agents/Brokers/Registered Representatives. Have, or will, any elements of solicitation, application, or delivery take place outside of the U.S.? No Yes If Yes, provide details:

Method of Contact _____

Location _____ City _____ State _____ Country _____

SIGNATURES

I have read the statements and answers in this form and they are complete and true to the best of my knowledge and belief.

X _____
Signature of Proposed Insured

_____ Date MM/DD/YYYY

X _____
Signature of Agent/Broker/Registered Representative

_____ Date MM/DD/YYYY