



Mailing Address:
Des Moines, IA 50392-0001

Principal Life Insurance Company | **Loan Payout Request**

Personal Information (Please Print or Type)

CTD00605

Plan Sponsor Name				Contract/Plan ID Number	
Participant Name				Social Security Number	
Participant Address (street)		(city)	(state)	(ZIP Code)	
				I.D. Number	

Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group, Des Moines, IA 50392.

Loan Terms

Amount of Loan	Loan Interest Rate*	Total Number of Payments (payments per year x loan duration)
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Payment Frequency: Weekly (52 per year) Biweekly (26 per year) Semi-monthly (24 per year)
 Monthly (12 per year) Quarterly (4 per year)

*The interest rate must be reasonable and comparable to interest rates charged for similar loans by persons in the business of lending money.

Account Selection (Choose amount or percentage to take from each account)

Caution: If you do not make an account selection, the loan will be taken proportionately from all *available* investment options.

Elective Deferral Contribution	Employer Contribution (Describe):	Other (Describe):
Amount of Loan \$ _____ OR _____ % List Investment Option From: \$ or %	Amount of Loan \$ _____ OR _____ % List Investment Option From: \$ or %	Amount of Loan \$ _____ OR _____ % List Investment Option From: \$ or %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mailing Instructions

Issue Check To: Participant Trustee **Mail Check To:** Participant Plan sponsor Trustee

Loan Payout Approval

Spousal Consent: If the plan requires spousal consent for loans and the participant is married, the spouse must sign and their signature must be witnessed by a plan representative or notary public as part of the loan documentation. If a married participant's spouse can't be located, this should also be noted by the participant in writing and witnessed by a plan representative as part of the loan documentation.

By signing this form, the contractholder verifies spousal consent (if required), certifies any needed information, and requests payment of this loan.

Employer Checkpoints:

- Verify Eligibility **(Prior to 1/1/2002, plan loans are not available for shareholder employees or owner-members of Subchapter S Corporations or an unincorporated business.)**
 Check this box if you are now a Subchapter S Corporation or an unincorporated business.
- Verify your plan allows this participant to take a plan loan based on:
 - Amount (minimum or maximum)
 - Terms (as defined by your plan)
- Verify Term **(Loan duration can extend beyond 5 years if loan is taken for the purchase of participant's principal residence and plan allows.)**
 - Is loan for principal residence? Yes No
 - If 'Yes', does plan allow for duration to extend beyond 5 years? Yes No N/A

Authorized Signature

Plan Representative	Date
X	/ /