Principal Financial Group

The University Corporation 403(b) Plan
Principal Life Insurance Company
Des Moines, IA 50306-9394

Follow these steps to name your beneficiary(ies): 1) Complete the Personal Information section. 2) Select one of the beneficiary choices (Choice A, Choice B, or Choice C). See Page 3 for more detailed instructions and examples. 3) Name your beneficiary(ies) on Page 2. 4) Sign the form at the bottom of Page 2. 5) Return the beneficiary form to Principal Life Insurance Company and keep a copy for your records.
Note: Only use this form if the plan does not allow Life Annuities or is a Governmental 457 Plan.

Personal Information *(please print with black ink)*

Name *(Last)*   *(First)*   *(MI)*   Social Security Number

_____   _____   _____   _____

Address   Phone Number

_____   (_____) _____-_____

City   State   Zip   Email Address

_____   _____ _____   _____

Company

_____

My Beneficiary Choices *(pick one)*

☐ **Choice A: Single Participant** *(includes widowed, divorced or legally separated)*

I am not married and designate the individual(s) named on Page 2 of this form to receive death benefits from the plan. I understand if I marry, this designation is void one year after my marriage (some plans specify a shorter period).
Note: If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the court decree.

☐ **Choice B: Married with Spouse as Sole Beneficiary** *(spouse's signature is not required)*
I am married and designate my spouse named on Page 2 of this form to receive all death benefits from the plan/contract.

☐ **Choice C: Married with Spouse Not as Sole Primary Beneficiary** *[Spouse's signature REQUIRED — review the Qualified Preretirement Survivor Annuity (QPSA) consent at the end of this form.]*

☐ By checking this box, I agree only to the beneficiary designation on this form. My spouse cannot change the beneficiary without my consent.

Spouse's Signature *(must be witnessed by plan representative or notary public)*   Date

X_____   _____ / _____ / _____

The spouse appeared before me   Plan Representative or   Date
and signed the consent on: Notary Public Signature

_____ / _____ / _____   X_____   _____ / _____ / _____

☐ (Check if applicable) I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located. *Note: If your spouse cannot be located, check this box and have it witnessed by the plan representative. It must be established to the satisfaction of the plan representative that your spouse cannot be located.*

I certify that spousal consent cannot be obtained because spouse cannot be located.
Plan Representative Signature   Date

X_____   _____ / _____ / _____

Naming My Beneficiary(ies)

Before completing, please read the instructions, examples and Qualified Preretirement Survivor Annuity notice information on this form. You may name one or more primary and/or contingent beneficiaries. If you need more space to name beneficiaries, please attach a separate list that you have signed and dated. Note: Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

Name *(primary beneficiary[ies])*   Date of Birth   Relationship   Social Security Number   Percent

_____ ___/___/____ _____ _____-____-_____ _____

Address   City   State   ZIP

_____ _____ _____ _____

If primary beneficiary(ies) is not living, pay death benefits to:

In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

Name *(coningent beneficiary[ies])*   Date of Birth   Relationship   Social Security Number   Percent

_____ ___/___/____ _____ _____-____-_____ _____

Address   City   State   ZIP

_____ _____ _____ _____

Name Change

Change my name from: Change my name to: Date

_____ _____ ____/____/_____

Reason: ☐ Married   ☐ Divorced - must attach divorce decree

        ☐ Other - provide reason: _____

My Signature

This designation revokes all prior designations made under the retirement plan.

My Signature (Required)   *Date*

X_____ _____/_____/_____

UNDER THE PENALTIES OF PERJURY, I certify by my signature that all of the information on this beneficiary designation form is true, current and complete.