



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

Mailing Address:
 Des Moines, IA 50392-0470

**Marketer Appointment
 Information Sheet**

To facilitate and expedite your appointment with The Principal Financial Group®, please provide the following information.

Group Case Name or Retirement Contract/Plan ID Number		
Marketer's Name		
Date of Birth		
Social Security No.		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	
Resident Address		
Street		
City		
State		
Zip		
U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Country of Citizenship		
Marketer's CRD Number*		
Agency or Business Affiliated with*		Tax ID:
Broker Dealer Affiliated with*		Tax ID:
Are Commissions to be Paid to Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	
State of Written Application		
Business Address		
Street		
City		
State		
Zip		
Business Phone No.		
Business Fax No.		
E-Mail Address		

*If Applicable

State Insurance License: Please provide your current state licensing information. Appointments will be processed at the time business is received.

State	Line(s) of Authority	License Number	Resident (R) or Non-Resident (NR)
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life		<input type="checkbox"/> R <input type="checkbox"/> NR
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life		<input type="checkbox"/> R <input type="checkbox"/> NR
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Life		<input type="checkbox"/> R <input type="checkbox"/> NR

Please also provide the following:

- A signed copy of the 1st page of the Authorization for Background Investigation form (DD 1470-16)

Please fax or email the information to:

Fax Number: **(515) 235-5538 Attn: Licensing and Appointing**

E-mail to: **licandappt@exchange.principal.com**