Life – Advisor Completed Part B Application Routine Requirements**

	Age – Requirements are based on proposed insured's actual age when the application is signed.								
Amount*	0-17	18-30	31-40	41-49	50-54	55-60	61-69	70-75	76-90
\$5,000 to \$49,999	Non-Med	Non-Med	Non-Med	Non-Med	Urine Paramed	Urine Paramed	Blood/Urine Paramed	Blood/Urine Paramed Mature	Blood/Urine Paramed Mature
\$50,000 to \$250,000	Non-Med	Blood/Urine Px Meas H.O. MVR	Px Meas	Blood/Urine Px Meas H.O. MVR	Blood/Urine Paramed H.O. MVR	Blood/Urine Paramed H.O. MVR	Blood/Urine Paramed H.O. MVR	Blood/Urine Paramed Mature APS H.O. MVR	Blood/Urine Paramed Mature APS H.O. MVR
\$250,001 to \$500,000	Non-Med	Blood/Urine Paramed H.O. MVR	Blood/Urine Paramed H.O MVR	Blood/Urine Paramed H.O.MVR	Blood/Urine Paramed H.O.MVR	Blood Urine Paramed H.O.MVR	Blood/Urine Paramed H.O.MVR	Blood/Urine Paramed ECG Mature H.O.MVR APS	Blood/Urine Paramed ECG Mature H.O.MVR APS
\$500,001 to \$1,000,000	Non-Med	Blood/Urine Paramed H.O.MVR	Blood/Urine Paramed H.O.MVR	Blood/Urine Paramed H.O.MVR	Blood/Urine Paramed H.O.MVR	Blood/Urine Paramed H.O.MVR	Blood/Urine Paramed ECG H.O.MVR APS	Blood/Urine Paramed ECG Mature H.O.MVR APS	Blood/Urine Paramed ECG Mature H.O.MVR APS
\$1,000,001 to \$2,500,000	Non-Med APS Biz FN\$2M	Blood/Urine Paramed H.O.MVR Biz FN\$2M	Blood/Urine Paramed H.O.MVR Biz FN\$2M	Blood/Urine Paramed H.O.MVR Biz FN\$2M	Blood/Urine Paramed ECG H.O.MVR APS Biz FN\$2M	Blood/Urine Paramed ECG H.O.MVR APS Biz FN\$2M	Blood/Urine Paramed ECG H.O.MVR APS Biz FN\$2M	Blood/Urine Paramed ECG Mature H.O.MVR APS FNSupp\$2M Biz FN\$2M	Blood/Urine Paramed ECG Mature H.O.MVR APS FNSupp\$2M BizFN\$2M
\$2,500,001 to \$5,000,000	Non-Med APS FN Supp\$5M Biz FN	Blood/Urine Paramed H.O.MVR APS FN Supp\$5M Biz FN	Blood/Urine Paramed H.O.MVR APS FN Supp\$5M Biz FN	Blood/Urine Paramed H.O.MVR APS FN Supp\$5M Biz FN	Blood/Urine Paramed ECG H.O.MVR APS FN Supp\$5M Biz FN	Blood/Urine Paramed ECG H.O.MVR APS FN Supp\$5M Biz FN	Blood/Urine Paramed ECG H.O.MVR APS FN Supp\$5M Biz FN	Blood/Urine Paramed ECG Mature H.O.MVR APS FN Supp Biz FN H.O. EIR	Blood/Urine Paramed ECG Mature H.O.MVR APS FN Supp Biz FN H.O. EIR
\$5,000,001 to \$10,000,000	APS FN Supp Biz FN H.O. EIR	Blood/Urine Paramed H.O.MVR APS FN Supp Biz FN H.O. EIR	Blood/Urine Paramed H.O.MVR APS FN Supp Biz FN H.O. EIR	Blood/Urine Paramed H.O.MVR APS FN Supp Biz FN H.O. EIR	Blood/Urine Paramed ECG H.O.MVR APS FN Supp Biz FN H.O. EIR	Blood/Urine Paramed ECG H.O.MVR APS FN Supp Biz FN H.O. EIR	Blood/Urine Paramed ECG H.O.MVR APS FN Supp Biz FN H.O. EIR	Blood/Urine Paramed ECG Mature H.O. EIR H.O.MVR APS FN Supp Biz Fn Financials	Blood/Urine Paramed ECG Mature H.O. EIR H.O.MVR APS FN Supp Biz FN Financials
\$10,000,001 and up	H.O. EIR Paramed APS Financials FN Supp Biz FN	Blood/Urine Paramed H.O.MVR H.O. EIR APS Financials FN Supp Biz FN	Blood/Urine Paramed H.O.MVR H.O. EIR APS Financials FN Supp Biz FN	Blood/Urine Paramed ECG H.O. EIR H.O.MVR APS Financials FN Supp Biz FN	Blood/Urine Paramed ECG Mature H.O. EIR H.O.MVR APS Financials FN Supp Biz FN	Blood/Urine Paramed ECG Mature H.O. EIR H.O.MVR APS Financials FN Supp Biz FN			

Advisor Completed Part B**

Completed by the advisor using a paper application

Amount*

For single-life products, add together face amounts issued and applied for with The Principal® within the last 6 months to determine amount.

For survivorship products, medical and MVR requirements are based on half of the total face amount for each proposed insured. Electronic inspection reports and financial requirements are based on the total face amount applied for.

For any amount, the underwriter may request additional requirements for cause.

Length of Studies

Exams, physical measurements, mature age questionnaire, blood profiles and urines are valid for 365 days from completion for ages 0-69, 180 days for ages 70 and above.

ECGs, financials, financial underwriting supplement, MVRs and inspection reports are valid for 365 days

Applications/Part B's are valid for 180 days subject to underwriting review

Underwriting may request updated requirements for cause.

Legend

APS	Attending Physician Statement			
Biz FN	Confidential Financial Statement required if purpose of insurance is business related			
Biz FN\$2M	At \$2,000,000, Biz FN (Conf Fin Statement) required if purpose of insurance is business related			
Blood/Urine	Blood and urine specimen			
ECG	Electrocardiogram			
H.O. EIR	Electronic Inspection Report ordered by the Home Office			
Financials	3 rd Party Financial Documentation			
FN Supp	Financial Underwriting Supplement if purpose of insurance is personal			
FN Supp\$2M	At \$2,000,000, FN Supp required if purpose of insurance is personal			
FN Supp\$5M	At \$5,000,000, FN Supp required if purpose of insurance is personal			
Mature	Mature Age Questionnaire completed by examiner			
H.O. MVR	Motor Vehicle Report ordered by the Home Office			
Non-Med	No routine requirements needed			
Paramed	Paramed Exam			
Px. Meas.	Physical Measurements (height, weight, blood pressure and pulse)			
Urine	Urine Specimen			



Principal National Life Insurance Company and Principal Life Insurance Company, Des Moines, Iowa 50392-0001, www.principal.com

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