



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	
<b>Resident Address</b>		
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		
<b>Business Address</b>		
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 1<sup>st</sup> 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](mailto:licandappt@exchange.principal.com)**