



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

P.O. Box 10431
 Des Moines, IA 50306-0431

Confidential
Non-U.S. Citizen
Questionnaire

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

To Be Completed By The Proposed Insured

This questionnaire and the corresponding answers are solely for underwriting purposes and only for the records of Principal Life Insurance Company and/or Principal National Life Insurance Company.

1. Name _____

2. Date Entered the U.S. _____ Port of Entry _____

3. Status Permanent Resident (Immigrant Visa) OR Temporary Resident (Non-Immigrant Visa)
 Date Visa Obtained _____ Type of Visa _____
(i.e. Visitor, student, working, traders, seaman, military, refugee, diplomatic)
 Alien Card No. _____ Expiration Date _____

4. Business or occupation prior to coming to U.S. _____
 From (yr.) _____ To (yr.) _____

5. English language familiarity: Speak Read Write

6. Did you have complete physical examination done for visa purposes? Yes No
 If yes, date, name and address of doctor, and result _____

 If no, explain _____

7. Do you intend to become a U.S. citizen? _____ If yes, when _____
 If no, explain _____

8. Do you have plans to travel abroad? _____ If yes, when _____
 Places _____
 Purpose _____

9. If not gainfully employed in the U.S., indicate source of support _____

10. Purpose of this insurance _____

X _____
 Signature of Proposed Insured

X _____
 Date MM/DD/YYYY

 Signature of Agent