Acceptance by Nominated Custodian

Administered by
Principal Life Insurance Company
Attn: Group Life and Disability Claims Department
Des Moines, Iowa 50392-0002



Toll free Nationwide 800-245-1522
Toll free fax 800-255-6609
Email: SBDClaims@principal.com

Policy or Contract Number: Name of Beneficiary for whom custodianship is to be established: Which state Uniform Transfer to Minors Act will be used: Prospective Custodian: Name: Address: Work Phone: I understand a custodianship is to be established for the beneficiary named above with respect to proceeds payable under the above policy or contract; and I am willing to act as custodian for the beneficiary named above under the Uniform Transfer to Minors Act (UTMA) of the state identified above. The name and address of the bank or other financial institution and where I would like to have the custodial account established is: The social security number and birth date of the above-named child is: SSN: Birth Date: The social security number and birth date of the prospective Custodian. SSN: Birth Date: Signature of Prospective Custodian	Insured or Annuitant:			
Name of Beneficiary for whom custodianship is to be established: Which state Uniform Transfer to Minors Act will be used: Prospective Custodian: Name: Address: Work Phone: Home Phone: 1 understand a custodianship is to be established for the beneficiary named above with respect to proceeds payable under the above policy or contract; and I am willing to act as custodian for the beneficiary named above under the Uniform Transfer to Minors Act (UTMA) of the state identified above. The name and address of the bank or other financial institution and where I would like to have the custodial account established is: SSN: Birth Date: Birth Date: Date: Birth Date: Date:				
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Address:	Prosp	ective Custodian:		
Address:	Name	<u>:</u>		
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	•	SSN:The social security number a	Birth Date: Birth Date: and birth date of the prospective Custodian.	
	Date:			