

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](mailto:SBDClaims@principal.com)



Insured or Annuitant: \_\_\_\_\_

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: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Acceptance of Nominated Custodian:**

- 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: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Prospective Custodian