



The U.S. Department of the Treasury requires us to “know our customer” by obtaining information about Entities/Organizations when the Entity/Organization is to be an Owner of a life or disability insurance policy. Please complete the form in its entirety.

Policy Number(s), if known

Proposed Insured Name(s)

Legal Information about the Entity/Organization

Legal Name

Doing Business As (DBA), if any

Address (No P.O. Box)

City

State

Zip Code

Country

NAICS Code (if known) www.census.gov/naics

Employer Identification Number (EIN)

Additional Information about the Entity/Organization

1. Is the Entity/Organization publicly traded, or owned by a 51% majority or more of a different Entity/Organization that is publicly traded on the U.S. Stock Exchange? ☐ Yes ☐ No

2. Is the Entity/Organization registered with the SEC (i.e., registered investment advisor, broker dealer), a state regulated insurance company, a U.S. federal or state regulated bank, a department or agency of the United States, or of any State? ☐ Yes ☐ No

3. If the answer to both 1 and 2 is No, please answer 3a and 3b:

a) Is the Entity/Organization:

Owned by a non-US person or foreign Entity? ☐ Yes ☐ No

Non-governmental Organization (NGO), Foundation or Charity? ☐ Yes ☐ No

Foreign Financial Institution? ☐ Yes ☐ No

b) List the names of any party that owns a 25% or greater equity interest (direct ownership or beneficial owner) in the Entity/Organization.

First Name	Middle Initial	Last Name (if an individual)	DOB/Year of Birth

Entity/Organization Name (if an entity)

Entity/Organization TIN

4. Does the Entity/Organization have operations in, or provide services to or from, any of the following countries or regions: Cuba, Iran, North Korea, Ukraine, Russia or Syria? ☐ Yes ☐ No

I certify the organization/entity is in compliance with all state-required formalities, and the organization/entity has not been dissolved, nor is a dissolution request anticipated to be filed with the state and is in existence as of the date of signature.

Under penalty of perjury, the undersigned verify/verifies that all information contained herein is true and complete and agree/agrees to indemnify Principal Financial Group, Inc. (Principal) and its affiliates and hold them harmless from a liability arising from any action or inaction taken in reliance on this Certification. The undersigned agree/agrees to release and hold harmless Principal from any and all claims, demands, controversies, action, and losses including income taxes, court costs, and reasonable attorney's fees that may arise. Any holder of the Certification may rely solely on the statements made herein.

Signature Information

Signature of Organization/Entity Representative

Printed Name of Organization/Entity Representative

Date (mm/dd/yyyy)