

The Principal Financial Group, Inc. reserves the right to request a complete copy of the Trust document at any time, including any amendments, addendums, or related exhibits.

To help the government fight the funding of terrorism, money laundering activities, and to comply with economic sanctions, Federal law requires us to "know our customer" by obtaining and maintaining the following information.

Policy Number		Trust Taxpayer Identification Number
Proposed Insured First Name	Middle Initial	Last Name

The undersigned Trustee(s) hereby confirm(s) the existence of the described Trust below and certifies under penalty of perjury the following:

- That the full title of the Trust is _____
Dated _____, and was executed in the Country/State of _____
Trust Address _____
- That _____ is/are the grantor(s)/settler(s).
- That the Trust is: ☐ revocable ☐ irrevocable (choose one)
- That the successor Trustee(s) is/are: _____
Nature or Purpose of Trust:
☐ 401(k) Plan ☐ Defined Benefit Plan ☐ Money Purchase Pension Plan ☐ VEBA ☐ Rabbi Trust
☐ Personal Trust ☐ Other _____
- That the Trust is in full force and effect and has not been revoked, terminated, or otherwise amended in any manner which would cause the representations in this Certification of Trust ("Certification") to be incorrect.
- That the undersigned is/are all of the currently serving Trustee(s). The undersigned Trustee(s) is/are fully empowered to act for said Trust and is/are properly exercising the Trustee's(s') authority under this Trust. No other Trustee(s) or other individual or entity is/are required to execute any document for the Trust.
- If more than one Trustee, that the Trust document authorizes the Trustee(s) to act:
☐ a) With the written signature approval of all Trustee(s), or
☐ b) Explicitly authorizes one Trustee to act without the written signature approval of the other Trustee(s).
- If the undersigned Trustee(s) is/are a company/organization, the person(s) signing below on behalf of the company/organization is/are duly authorized to do so.
- That to the undersigned's(s') knowledge, there are no claims, challenges of any kind or causes of action alleged, which contest or question the validity of the Trust or the Trustee's(s') authority to act for the Trust.
- That the Trustee(s) is/are authorized by the Trust agreement to open and close accounts and in general to exercise any and all rights with respect to Contracts/Accounts of the types specified below: (please check all that apply)
☐ Mutual Fund ☐ Life Insurance ☐ Annuities ☐ General Securities ☐ Bank Accounts or Contracts
- That the undersigned Trustee(s) verifies/verify that all information contained herein is true and complete and agrees/agree (jointly and severally) to indemnify Principal Financial Group, Inc. and its affiliates and hold them harmless from any liability arising from any action or inaction taken in reliance on this Certification. The Trustee(s) agrees/agree to inform, in writing, any change in the composition of the Trust or any other event which could materially alter the certifications made herein. Knowledge of the terms of the Trust may not be inferred solely from the fact that a copy of all or part of the Trust instrument is held by the person(s) relying on this Certification. Any holder of this Certification may rely solely on the statements made herein.

Trustee Information

Trustee Legal Name #1				Taxpayer Identification Number/SSN	
Address (No P.O. Box)					
City		State	Zip Code	Country	
State/Country of Registration or Incorporation (organization/entities only)		Date of Birth (mm/dd/yyyy) (individuals only)		Country of Citizenship (individuals only)	
Trustee Legal Name #2				Taxpayer Identification Number/SSN	
Address (No P.O. Box)					
City		State	Zip Code	Country	
State/Country of Registration or Incorporation (organization/entities only)		Date of Birth (mm/dd/yyyy) (individuals only)		Country of Citizenship (individuals only)	
Trustee Legal Name #3				Taxpayer Identification Number/SSN	
Address (No P.O. Box)					
City		State	Zip Code	Country	
State/Country of Registration or Incorporation (organization/entities only)		Date of Birth (mm/dd/yyyy) (individuals only)		Country of Citizenship (individuals only)	

Other Information

Are any of the Trustee(s) a Non-U.S.* Person? ☐ Yes ☐ No

**A Non-U.S. Person, for purposes of this form, is any individual who is not a U.S. Citizen and does not have a valid Social Security Number.*

If Yes, indicate whom are Non-U.S.:

Are any of the Trustee(s) classified as Politically Exposed Persons (PEPs**)? ☐ Yes ☐ No

***A Politically Exposed Person (PEP) is defined as a Senior Foreign Political Figure (SFPF), their immediate family members, and/or close associates. A SFPF is defined as a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government, whether or not they are or were elected officials; a senior official of a major foreign political party; and a senior executive of a foreign government-owned commercial enterprise. This definition also includes a corporation, business, or other entity formed by or for the benefit of such an individual. Senior executives are individuals with substantial authority over policy, operations, or the use of government-owned resources.*

If Yes, indicate whom are classified as PEPs:

The undersigned being all of the Trustee(s) does/do hereby execute this Certification of Trust and Indemnification. This Certification may be signed in any number of counterparts, each of which will be considered an original, but all of those counterparts will together constitute only one Certification.

Signatures

Signature of Trustee #1	Printed Name of Trustee #1	Date (mm/dd/yyyy)
Signature of Trustee #2	Printed Name of Trustee #2	Date (mm/dd/yyyy)
Signature of Trustee #3	Printed Name of Trustee #3	Date (mm/dd/yyyy)

If more space is required, attach an additional page that has been signed by the Owner