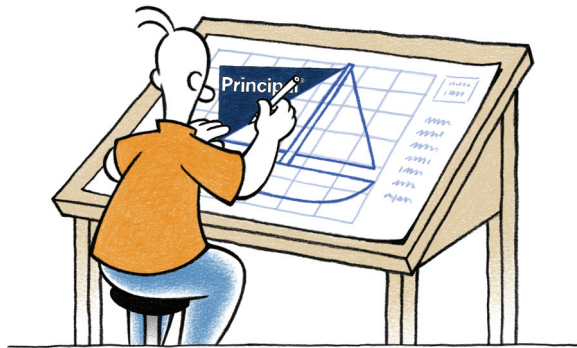


Financial Strategies

# Confidential Survey



## 1 Personal Data

Client A (First/Middle/Last) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Client B (First/Middle/Last) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Married?  Yes  No

Name to appear on reports \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Has either of you ever received a Social Security report? Client A  Yes  No Client B  Yes  No

Client A  U.S. Citizen  Resident Alien  Non-Resident Alien

Client B  U.S. Citizen  Resident Alien  Non-Resident Alien

## 2 Occupations

Client A Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

How do you feel about your career? Tell me about your business associates and your organizational structure. \_\_\_\_\_

Hobbies, special interests, professional and civic organizations: \_\_\_\_\_

Client B Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

How do you feel about your career? Tell me about your business associates and your organizational structure. \_\_\_\_\_

Hobbies, special interests, professional and civic organizations: \_\_\_\_\_

## 3 Dependents and Beneficiaries

Dependent's Name (First/Middle/Last)	Date of Birth	Dependent of client	
		A	B
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

1. How do you feel about saving for a college education for your children? \_\_\_\_\_  
\_\_\_\_\_
2. Do you have a will?  Yes  No Date \_\_\_\_\_ Last reviewed \_\_\_\_\_  
Guardians \_\_\_\_\_ Executor \_\_\_\_\_ Trustee \_\_\_\_\_
3. Have you moved from another state or had a change in your financial or family situation (birth, death, divorce) since your will was drafted/reviewed? \_\_\_\_\_
4. At the time your will was drafted/reviewed, were your property deeds and beneficiary designations reviewed?  
 Yes  No
5. How do you feel about renting versus buying? \_\_\_\_\_
6. Home's current value \_\_\_\_\_ Mortgage company \_\_\_\_\_  
Mortgage \_\_\_\_\_ Interest rate \_\_\_\_\_ Remaining term \_\_\_\_\_
7. Where would your family live in the event of your death? \_\_\_\_\_
8. How do you feel about saving for retirement? \_\_\_\_\_
9. What other major objectives do you want to save for? \_\_\_\_\_
10. How do you feel about tax-advantaged savings? \_\_\_\_\_
11. How much money do you feel you need for emergencies and opportunities? \_\_\_\_\_
12. How do you save money now? Why? \_\_\_\_\_  
\_\_\_\_\_
13. What was your best investment? \_\_\_\_\_  
Worst? \_\_\_\_\_
14. When was your last financial analysis completed? \_\_\_\_\_
15. What is your most important financial goal? Personal? \_\_\_\_\_  
\_\_\_\_\_
16. What are you doing to accomplish your financial goals now? \_\_\_\_\_

## 4 Advisor

Classification# [1] Accountant [2] Attorney [3] Financial Representative [4] Insurance Agent [5] Stock Broker  
[6] Banker [7] Other [8] Financial Services Representative

17. Do you work with other financial advisors?

Advisor classification# \_\_\_\_\_ Advisor's name \_\_\_\_\_ Firm name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Advisor classification# \_\_\_\_\_ Advisor's name \_\_\_\_\_ Firm name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

18. Do you own an interest in a closely held business (Partnership, C Corp, S Corp, or Sole Proprietorship)?

Yes  No

## 5 Education Goals

1. What percentage of your children's education costs would you want to provide? \_\_\_\_\_
2. How much do you think that would be per year in today's dollars for:

Student Name	School Name	\$ Needed Per Year	Inflate Need	#Yrs. Until Needed	#Yrs. Needed	Fund at Death	
						A	B
_____	_____	\$ _____	____%	____	____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	____%	____	____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	____%	____	____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	____%	____	____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	____%	____	____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	____%	____	____	<input type="checkbox"/>	<input type="checkbox"/>

Note: Current and/or monthly savings designated for education must also be entered on page 9 in the Assets & Liabilities section.

## 6 Retirement

1. When do you plan to retire? \_\_\_\_\_ Retirement begins at age \_\_\_\_\_
2. Tell me about the lifestyle you want at retirement. Where would you like to live?  
What do you see yourself doing? \_\_\_\_\_  
\_\_\_\_\_
3. How do you feel about including Social Security benefits in your retirement planning?  
\_\_\_\_\_

Client A	Client B
_____	_____

Include Social Security benefits

Age to begin Social Security income \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
_____	_____

### Income Needs (in today's dollars)

Client A's Age

at Retirement    Monthly Need (1)    Monthly Need (2)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Increase need by	____%	____%

## 7 Direct Income

SOURCES: 1=Defined Benefit; 2=Social Security; 3=Earned Income; 4=Other Income; 5=Lump Sum; 6=Annuity

Source Name	Source	(A or B)	Recipient Amount <sup>1</sup>	Present or Future Value (P or F)	Annual Increase %	Begin @ Age	End @ Age	% Available @ Death of		% Available at Retirement
								A	B	
_____	_____	_____	\$ _____	_____	____%	____	____	____%	____%	____%
_____	_____	_____	\$ _____	_____	____%	____	____	____%	____%	____%
_____	_____	_____	\$ _____	_____	____%	____	____	____%	____%	____%
_____	_____	_____	\$ _____	_____	____%	____	____	____%	____%	____%

<sup>1</sup>Enter all amounts as monthly, except Lump Sum

**Survivor Needs**

1. How do you feel about providing for your family in the event of your death? \_\_\_\_\_

**8 Cash Needs**

	Client A's Death	Client B's Death
Dependent/Home Care Fund (to pay additional expenses for child care or home maintenance, <u>not</u> to pay off mortgages)	\$ _____	\$ _____
Other Cash Bequests	\$ _____	\$ _____
Emergency Fund (expenses which could not be paid from current income, such as major repairs or purchases and emergencies)		\$ _____

**9 Survivor Income Needs**

2. How much income would your family need to maintain their lifestyle? \_\_\_\_\_

3. How much is your current monthly income? Client A \_\_\_\_\_ Client B \_\_\_\_\_

**Client A's Death**

Client B's Age	Survivor's Monthly Need (1)	Monthly Need (2)	Client B's Monthly Earnings
1. Today _____	\$ _____	\$ _____	\$ _____
2. _____ <sup>2</sup>	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
Increase need by _____%	_____%	_____%	
Age to receive Social Security retirement benefit _____			
Minimum asset balance to retain _____			

**Client B's Death**

Client A's Age	Survivor's Monthly Need (1)	Monthly Need (2)	Client A's Monthly Earnings
1. Today _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
Increase need by _____%	_____%	_____%	
Age to receive Social Security retirement benefit _____			
Minimum asset balance to retain _____			

<sup>2</sup> If no client B, enter the # of years.

## 10 Life Insurance Plans

Insurance Policy Name	Insured (1)	Owner (2)	Beneficiary (3)	Current Net Death Benefit	Annual Premium	No. of Premiums Remaining	Net Current Cash Value	Death Benefit at Mort.

- |   |   |   |
|---|---|---|
| <p>(1)<br/><u>Insured Codes</u><br/>A=Client A<br/>B=Client B<br/>1=1st to Die<br/>2=2nd to Die<br/>O=Other</p> | <p>(2)<br/><u>Owner Codes</u><br/>A=Client A<br/>B=Client B<br/>J=Joint/Community<br/>G=Group Ins<br/>T=Trust (ins)<br/>O=Other</p> | <p>(3)<br/><u>Beneficiary Codes</u><br/>S=Surviving Client<br/>D=Dependents<br/>O=Other</p> |
|---|---|---|

1. What do you like most about your life insurance? Least? \_\_\_\_\_
2. Why did you purchase your last policy? \_\_\_\_\_
3. How do you feel about insurance on your spouse and children? \_\_\_\_\_
4. Have you used tobacco within the last 12 months?    Client A    Yes    No    Client B    Yes    No  
 If yes, describe: \_\_\_\_\_
5. Do you have a history of, or have you been treated for: cancer, heart disease, stroke, diabetes, asthma, chest pain, back or neck problems? \_\_\_\_\_
6. Describe your family's health history: \_\_\_\_\_
7. Other family members — names, ages, health or cause of death
 

<p>Client A: parents, brothers, sisters</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Client B: parents, brothers, sisters</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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# 11 Disability Needs

## Disability Insurance Plans

INSURANCE POLICY NAME	INSURED (1)	TYPE (2)	MONTHLY BENEFIT	ANNUAL PREMIUM	ELIMINATION PERIOD (DAYS)	BENEFIT PERIOD (YEARS) <sup>3</sup>	COLA %

<sup>3</sup>If disability benefits are payable to age 65, input 65.

(1) Insured Codes  
 A=Client **A**  
 B=Client **B**

(2) Disability Type  
 G=Group  
 P=Personal

## Income History

	Current Year	Last Year	Two Years Ago
Client <b>A</b> Employment Income	_____	_____	_____
Client <b>A</b> Bonus	_____	_____	_____
Client <b>B</b> Employment Income	_____	_____	_____
Client <b>B</b> Bonus	_____	_____	_____
Investment Income	_____	_____	_____
Other Income	_____	_____	_____

## Disability Income Needs

Include Social Security Benefits  Client **A** Disability  Client **B** Disability

Age Non-Disabled Client Receives Social Security<sup>4</sup> \_\_\_\_\_

	CLIENT A <sup>5</sup> MONTHLY NEED	CLIENT B EARNINGS	OTHER CLIENT A INCOME	CLIENT B <sup>5</sup> MONTHLY NEED	CLIENT A EARNINGS	OTHER CLIENT B INCOME
Beginning						
After 30 Days						
After 90 Days						
After 1 Year						
After 2 Years						
After 5 Years						
After Age 65						

<sup>4</sup>Enter the age (not less than 62) at which Client A/B will receive Social Security benefits if Client B/A becomes disabled. The benefit the nondisabled client receives is based on the disability PIA of the disabled client.

<sup>5</sup>Increase Need by: \_\_\_\_\_%

## 12 Accumulation Goals

ACCUMULATION GOAL*	Consume?	Today's \$ Needed Per Yr	Inflate Need %	Yrs Until Needed	# Yrs Needed	Complete Funding by Start of Goal	Fund at Death	
							A	B
_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Do not include retirement or education goals in this section.

## Cash Flow

Input detail OR totals. If you enter detail, the totals will be calculated. If you enter the monthly amount, it will be multiplied by 12 and added to the annual amount for calculations.

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	RECEIVED <sup>6</sup>	
	MONTHLY	ANNUALLY
<b>Client A</b>		
Salary	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Pensions & Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Rental Property (Net)	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL INCOME (CLIENT A)</b>	\$ _____	\$ _____
Future Earnings Increase	_____ %	

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<b>Client B</b>		
Salary	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Pensions & Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Rental Property (Net)	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL INCOME (CLIENT B)</b>	\$ _____	\$ _____
Future Earnings Increase	_____ %	

<sup>6</sup>Enter income monthly or annually.

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## Taxes Withheld

	MONTHLY	ANNUALLY
<b>Client A</b>		
Federal	\$ _____	\$ _____
State & Local	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
OASDI	\$ _____	\$ _____
Medicare	\$ _____	\$ _____
<b>Client B</b>		
Federal	\$ _____	\$ _____
State & Local	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____
OASDI	\$ _____	\$ _____
Medicare	\$ _____	\$ _____
<b>TOTAL TAXES</b>	\$ _____	\$ _____

## Notes

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# 16 Expenses

	PAID	
	MONTHLY	+ ANNUALLY
<b>Housing:</b>		
Mortgage or rent _____		
Property taxes _____		
Utilities _____		
Telephone _____		
Cable TV _____		
Maintenance _____		
Other _____		
Total	\$ _____	\$ _____
<b>Child Care</b>	\$ _____	\$ _____
<b>Transportation:</b>		
Car payment(s) _____		
Gas/maintenance _____		
License fees _____		
Bus/tax/tolls _____		
Other _____		
Total	\$ _____	\$ _____
<b>Food and Beverages:</b>		
Groceries _____		
Work lunches _____		
School lunches _____		
Snacks _____		
Other _____		
Total	\$ _____	\$ _____
<b>Clothing (entire family)</b>	\$ _____	\$ _____
<b>Furnishings</b>	\$ _____	\$ _____
<b>Personal Care &amp; Cash</b>	\$ _____	\$ _____
<b>Medical/Dental/Drugs</b>	\$ _____	\$ _____
<b>Educ./Self-Improv.</b>	\$ _____	\$ _____
<b>Entertainment:</b>		
Dining out _____		
Recreation _____		
Gifts (Christmas, Birthday, Wedding) _____		
Other _____		
Total	\$ _____	\$ _____
<b>Vacations and Holidays</b>	\$ _____	\$ _____
<b>Charitable Contrib.</b>	\$ _____	\$ _____
<b>Additional Expense Total</b>	\$ _____	\$ _____
(See table at top of column 2)		
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____

# Additional Expenses

	PAID	
	MONTHLY	+ ANNUALLY
(Enter reinvested interest and dividends here)		
<b>Total</b>	\$ _____	\$ _____

# 17 Long Term Care

INSURANCE POLICY NAME			
INSURED			
OWNER			
DAILY BENEFIT			
ANNUAL PREMIUM			
ELIMINATION PERIOD (DAYS)			
BENEFIT PERIOD (YEARS)			
COLA	%	%	%

# 18 General Insurance

POLICY TYPE	ANNUAL PREMIUM
Liability	_____
Homeowner's	_____
Medical	_____
Automobile	_____

# 19 Assets

1. Record individual assets by name, or combine by asset code (see Code #), or enter the total assets.

Type (1)	Account, Holding or Ticker Name	Owner (2)	Market Value	Asset Allocation (3)	Rate of Return	Monthly Savings	Monthly Company Contribution	Annual % Increase to Savings	Asset Distribution Available at:			Assign to Goal (4)
									Dth A	Dth B	Ret.	

- (1) Type
  - 1. Bank Accounts
  - 2. Qualified Retirement Accounts
  - 3. Deferred Annuities
  - 4. Investment Accounts
  - 5. Education
  - 6. Real Estate
  - 7. Personal Property
  - 8. Business Assets
- (2) Owner Code
  - A = Client A
  - B = Client B
  - J = Joint
  - C = Community
  - T = Trust
- (3) Asset Alloc. Class
  - L = Large U.S. Equity
  - SM = Small/Mid U.S. Equity
  - I = International Equity
  - F = Fixed Income
  - STF = Short-Term Fixed Income
- (4) Assign to Goal
  - E = Education
  - A = Accumulation
  - N = None

2. Asset allocation suggested portfolio \_\_\_\_\_ (i.e. Growth I-V or Income A-E)
3. Enter the asset name for any asset to receive: Asset Name
- a. Any surplus amounts remaining after monthly need amounts and monthly savings have been satisfied and any Lump Sum amounts entered in Direct Income. \_\_\_\_\_
- b. Life insurance death benefits and/or cash values entered in Life Insurance. \_\_\_\_\_
4. Are there any other assets that would contribute toward your goals? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. What do you like most about your investments? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
6. What changes would you make, if any? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. In what order should account distributions be made?
- Defer Income Taxes     Minimal Estate Taxes
- Other \_\_\_\_\_

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## Loans and Liabilities

Use this section to enter information about your loans and liabilities. You may also enter anticipated loans – those which you expect to take in the future.

Loan Name	Type of Loan <sup>1</sup>	Current Balance <sup>3</sup>	Original Year/ Term <sup>2</sup>	Int. Rate/Adj. Rate/ Yrs. Until Adj. <sup>4</sup>	Sched. Monthly Pmt./Balloon <sup>5</sup>	Additional Payments or Withdrawals <sup>6</sup>
		\$ _____	_____/____yrs	_____%	\$ _____	
		\$ _____	_____/____yrs	_____%	\$ _____	
		\$ _____	_____/____yrs	_____%	\$ _____	
		\$ _____	_____/____yrs	_____%	\$ _____	
		\$ _____	_____/____yrs	_____%	\$ _____	

<sup>1</sup> Types of loans may include fixed and adjustable rate mortgages, home equity lines, credit cards, installment loan for a car, school loans, and business loans.

<sup>2</sup> For future loans, enter year and term. Otherwise, skip this field.

<sup>3</sup> Enter the current loan balance.

<sup>4</sup> Enter the interest rate. For adjustable rate loans, you may adjust the rate at a specified point in the future.

<sup>5</sup> For “Current”, enter the monthly payment (principal and interest, only). If loan includes a scheduled balloon payment, enter it here.

<sup>6</sup> If you anticipate making payments to principal over and above the scheduled payments, indicate how much and when. For lines of credit, enter the amount and timing for any additional cash withdrawals you expect to make (if any).

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## Reallocation

### AVAILABLE PORTFOLIOS:

- Growth Model I
- Growth Model II
- Growth Model III
- Growth Model IV
- Growth Model V
- Growth Model VI
- Customized

Complete these sections for a modular analysis.

Education – 1, 3, 5, 19, 20

Financial Independence – 1, 6, 7, 10, 13, 14, 19, 20

Survivor – 1, 2, 3, 5, 7, 8, 9, 10, 12, 13, 14, 19, 20

Disability – 1, 11, 13, 14

Accumulation – 1, 12, 19, 20

Asset Allocation – 1,10,19,20

### REALLOCATION OF CURRENT PLAN

GROUP	PORTFOLIO	BEGINNING AT	+/- YEARS	YEAR

### RETIREMENT ANALYSIS

To reflect a reallocation of the client’s portfolio, enter a rate of return to used for all applicable assets.

\_\_\_\_\_ Change retirement portfolio return

To \_\_\_\_\_ % \_\_\_\_\_ +/- years from retirement

### SURVIVOR NEEDS ANALYSIS

\_\_\_\_\_ Change survivor portfolio return

To \_\_\_\_\_ % \_\_\_\_\_ +/- years from retirement

## 22 Priorities

Ranking (1-9) (1=Very Low, 9=Very High)

How much are you concerned about:

Having your savings and investments keep pace with inflation? **(Inflation Hedge)** \_\_\_\_\_

Minimizing income taxes? **(Tax Advantage)** \_\_\_\_\_

Getting back the money you invest? **(Safety)** \_\_\_\_\_

Having cash available to meet emergencies and opportunities? **(Liquidity)** \_\_\_\_\_

Getting income from your savings and investments this year? **(Current Income)** \_\_\_\_\_

Having investments which provide adequate liquid assets at your death? **(Family Benefit)** \_\_\_\_\_

Of the things we discussed today, which are the most important to you?

\_\_\_\_\_ Cash and income needs for your surviving family

\_\_\_\_\_ Disability income protection

\_\_\_\_\_ College funding

\_\_\_\_\_ Planning for retirement

\_\_\_\_\_ Other financial goals

\_\_\_\_\_ Estate distribution to survivors

\_\_\_\_\_ Tax-free income/tax reduction

\_\_\_\_\_ Long-term care

### Assumptions

1. How much of a "risk taker" are you? (1=very low; 2=low; 3=moderate; 4=high; 5=very high) \_\_\_\_\_

2. What **long-term inflation rate** do you want to use for planning purposes? \_\_\_\_\_ %

3. Your target rate of return for planning purposes would be (1+2) \_\_\_\_\_

How much current income can you set aside to meet your financial goals? \_\_\_\_\_ /mo.

Is there anything else we should discuss before our next meeting?

\_\_\_\_\_ (carry to Additional Monthly Savings Goals, Page 8)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Appointment

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

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Purpose: \_\_\_\_\_

Documents Checklist

Insurance policies

Tax Returns

Mutual fund statements

Employee benefit booklet

Business agreements

Securities statements

401(k) statements

\_\_\_\_\_



WE'LL GIVE YOU AN EDGE®

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