DISABILITY INCOME POLICY

NON-CANCELLABLE AND GUARANTEED RENEWABLE AT GUARANTEED PREMIUM RATES TO YOUR AGE 65 POLICY ANNIVERSARY OR FOR FIVE YEARS FROM THE POLICY DATE, IF LATER. CONDITIONALLY RENEWABLE THEREAFTER ON ANNUAL BASIS FOR LIFE, SUBJECT TO CHANGE IN PREMIUM RATES. IF THE SOCIAL INSURANCE SUBSTITUTE BENEFIT IS INCLUDED, IT IS CONTINUABLE AT GUARANTEED PREMIUM RATES TO THE EARLIER OF YOUR AGE 65 POLICY ANNIVERSARY OR UPON RECEIPT OF SOCIAL SECURITY RETIREMENT BENEFITS OR RAILROAD RETIREMENT BENEFITS. NONPARTICIPATING.

Coverage under this policy starts at 12:01 a.m. on the Policy Date and will stay in force until 12:00 a.m. on Your Age 65 Policy Anniversary or after five years from the Policy Date, if later, as long as premiums are paid when due. If the conditions are met in the Conditional Renewal section, this policy may be renewed each year thereafter for life. While this policy is in force, We cannot:

1. Cancel it; or
2. Change the premium rate (before the Age 65 Policy Anniversary or five years from the Policy Date, if later).

This policy is a legal contract between the Owner and Us. The policy is issued in consideration of the application and payment of premiums. We will pay this policy's benefits due to Disability or qualifying loss resulting from Injury or Sickness subject to the definitions, exclusions and all other provisions of this policy. The Disability or qualified loss must begin while the policy is in force.

30 DAY EXAMINATION OFFER

It is important to Us that the Owner is satisfied with this policy and that it meets the Owner's insurance goals. If the Owner is not satisfied with this policy for any reason, the policy may be returned to either the producer or Our Home Office within thirty days after the Owner has received the policy. We will refund any premiums paid and the policy will be considered void from its inception. **PLEASE READ THE POLICY CAREFULLY.**

IMPORTANT NOTICE

Please review the copy of the application attached to this policy. The application is part of the policy. The policy was issued on the basis that the answers to all the questions and the information shown on the application are correct and complete. Material misstatements or omissions on the application could void the policy. If any information on the application is not correct or is omitted, please call or write Principal Life Insurance Company, Individual Disability Insurance, 711 High Street, Des Moines, Iowa 50392-0001, 1(800) 247-9988.

SAMPLE

(Company Officers' Signature and Title)

SAMPLE

Principal Financial Group

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

INSURED JOHN DOE

HH 750 CA SAMPLE

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SAMPLE

A copy of the application and any riders are attached to the back of this policy.

Principal Life
Insurance Company
Des Moines, Iowa 50392-0001

DATA PAGE

Disability Income Insurance

POLICY INFORMATION

SAMPLE

Policy Number: Sample
Owner(s): Jane Doe
Insured's Name: John Doe
Insured's Age and Gender Class: 35 - Male
Policy Date: October 1, 2006

	Elimination Period	Maximum Monthly Benefit
Disability Benefit:	90 Days	$1,000

Social Insurance Substitute Benefit: Not Included

Maximum Benefit Period for the Disability Benefit: To Age 65 Policy Anniversary*

***If Insured's Disability begins:**	**Then the Maximum Benefit Period is:**
Prior to Age 61 Policy Anniversary	To Age 65 Policy Anniversary
On or After Age 61 Policy Anniversary but prior to Age 62 Policy Anniversary	48 Months
On or After Age 62 Policy Anniversary but prior to Age 63 Policy Anniversary	42 Months
On or After Age 63 Policy Anniversary but prior to Age 64 Policy Anniversary	36 Months
On or After Age 64 Policy Anniversary but prior to Age 65 Policy Anniversary	30 Months
On or after Age 65 Policy Anniversary	No benefits are payable, unless renewed as described below

Your Occupation Period is: To Age 65 Policy Anniversary

If this policy is renewed as described in the Conditional Renewal section, the Maximum Benefit Period is 2 years and the Your Occupation Period is 2 years.

The Death Benefit is: $3,000

Also see the Exclusions and Limitations section of the policy.

RIDER INFORMATION

HH 751 Capital Sum Benefit Rider

Effective Date: October 1, 2006

- Capital Sum Benefit: $12,000

HH 752 CA Catastrophic Disability Benefit Rider

Effective Date: October 1, 2006

- Catastrophic Disability Benefit: $500
- Catastrophic Disability Elimination Period: 90 Days
- Catastrophic Disability Maximum Benefit Period: To Age 65 Policy Anniversary*

***If Insured's Catastrophic Disability begins:**	**Then the Catastrophic Disability Maximum Benefit Period is:**
Prior to Age 61 Policy Anniversary	To Age 65 Policy Anniversary
On or After Age 61 Policy Anniversary but prior to Age 62 Policy Anniversary	48 Months
On or After Age 62 Policy Anniversary but prior to Age 63 Policy Anniversary	42 Months
On or After Age 63 Policy Anniversary but prior to Age 64 Policy Anniversary	36 Months
On or After Age 64 Policy Anniversary but prior to Age 65 Policy Anniversary	30 Months
On or after Age 65 Policy Anniversary	No benefits are payable

HH 753 Cost of Living Adjustment Rider

Effective Date: October 1, 2006

- COLA Maximum Percent: 3%

HH 755 Presumptive Disability Benefit Rider

Effective Date: October 1, 2006

HH 756 CA Recovery Benefit Rider

Effective Date: October 1, 2006

- Recovery Benefit Period: 1 Year
  but not beyond the Maximum Benefit Period

HH 757 CA Regular Occupation Rider

Effective Date: October 1, 2006

HH 758 CA Residual Disability Benefit Rider

Effective Date: October 1, 2006

HH 759 CA Short Term Residual Disability Benefit Rider

Effective Date: October 1, 2006

- Short Term Residual Disability Benefit Period: 6 months
  but not beyond the Maximum Benefit Period

HH 760 Foreign Travel Exclusion Rider

Effective Date: October 1, 2006

- This rider excludes coverage for Injury occurring or Sickness beginning in specified geographic locations. See the rider attached to the policy.

SAMPLE

HH 767 CA Benefit Update Rider

Effective Date: October 1, 2006
Option Date: October 1, 2006

HH 768 Conditionally Renewable Policy Rider

Effective Date: May 1, 2006

HH 769 CA Future Benefit Increase Rider

Effective Date: October 1, 2006
Option Date: October 1, 2006

- Minimum Index Percent: 4% rounded up to the next $25 increment
- Maximum Index Percent: 10%

HH 770 Presumptive Disability Benefit Rider

Effective Date: May 1, 2006

HH 771 CA Transitional Occupation Rider

Effective Date: October 1, 2006
Transitional Occupation Period: To Age 65 Policy Anniversary

SAMPLE

SAMPLE

PREMIUM INFORMATION

POLICY	
Disability Benefit:	$341.60
RIDERS	
Capital Sum Benefit Rider:	$0.00
Catastrophic Disability Benefit Rider:	$24.55
Conditionally Renewable Policy Rider	$0.00
Cost of Living Adjustment Rider;	$48.80
Presumptive Disability Benefit Rider:	$0.00
Recovery Benefit Rider:	$7.80
Regular Occupation Rider:	$90.60
Residual Disability Benefit Rider:	$83.60
Short Term Residual Disability Benefit Rider:	$11.40
Foreign Travel Exclusion Rider:	$0.00
Benefit Update Rider:	$0.00
Future Benefit Increase Rider:	$0.00
Transitional Occupation Rider:	$72.50
Total Annual Premium:	$680.85

PREMIUM PAYMENT FREQUENCY OPTIONS	Premium	Annualized Premium	Premium Payment Frequency Charge Included*
Total Annual Premium:	$680.85	$680.85	$0.00
Semi-Annual Premium:	$348.94	$697.88	$17.03
Quarterly Premium:	$178.72	$714.88	$34.03
PAW/EFT/Monthly Premium:	$59.57	$714.84	$33.99

***There is an additional charge for premium payment frequencies other than annual.**

Renewal of coverage as described in the Conditional Renewal section may require an increase in the renewal premium. Please refer to this section in the policy for details.

If you have any questions, call your financial representative. To file a claim, call our Home Office at 1-800-422-3788.

This Data Page Prepared On: October 1, 2006

SAMPLE

POLICY DEFINITIONS

The following defined terms and phrases are capitalized throughout the policy. Please read them carefully as they will help You understand the policy provisions.

ADJUSTMENT DATE -- means the effective date of a change in coverage made to the policy. The most recent Adjustment Date, if any, is shown on the Data Page.

AGE POLICY ANNIVERSARY -- means the Policy Anniversary on or next following Your birthday. For example, if the Policy Date is June 5, 2010, and You are 45 years old on April 3, 2030, the Age 45 Policy Anniversary is June 5, 2030.

CONTINUOUS DISABILITY -- means Your Disability that continues with no interruption. You will also be considered Continuously Disabled if an Interrupted Elimination Period or Recurring Disability occurs. It is also considered one Continuous Disability if You are Disabled from one condition and, while still Disabled from that condition, incur another condition that causes Disability.

DISABILITY/DISABLED -- means, when used alone, Total Disability. If either the Residual Disability Benefit Rider or the Short Term Residual Disability Benefit Rider is attached to Your policy, Disability also means Residual Disability. If a Disability is caused by more than one Injury or Sickness, We will pay benefits as if the Disability was caused by only one Injury or Sickness.

DOCTOR -- Means a person who is licensed by state law, and is acting within the scope of the license, to treat Injuries or Sickness that result in a Disability. A Doctor cannot be You or anyone related to You by blood or marriage, a business or professional partner, or any person who has a financial affiliation or business interest with You.

EARNINGS -- means:

If You are an employee with no ownership interest in a business entity, Earnings include the amounts as reported for Federal Income Tax purposes of:

1. Your gross salary, wages, fees, draw, commissions, bonuses; PLUS
2. Any other income or compensation You earn; PLUS
3. Amounts You earned which would have resulted in current taxable employee compensation but instead were contributed by You to a benefit plan (e.g. Flexible Spending Accounts, etc.), or qualified tax-deferred retirement plan (e.g. 401 (k), 403 (b), 457, etc.); LESS
4. Unreimbursed employee business expenses.

If You are a business owner, such as: an owner of a sole proprietorship, a partner in a partnership, a shareholder of a corporation or subchapter S-corporation, or a member of a limited liability company or limited liability partnership; and You perform the duties or activities of Your Occupation or another occupation within the scope of a legal business entity, Earnings include the amounts as reported for Federal Income Tax purposes of:

1. Your share (based on ownership or contractual agreement) of the gross revenue or income earned by all such business entities including income earned by You and others under Your supervision or direction; LESS
2. Your share (based on ownership or contractual agreement) of the usual and customary unreimbursed business expenses of those entities which are incurred on a regular basis, are essential to the established business operation of the entity, are deductible for Federal

SAMPLE

Income Tax purposes, and do not exceed expenses before Disability began. Such expenses do not include salaries, benefits, and other forms of compensation which are payable to You, or to any person related by blood or marriage to You unless such person was a full-time employee of such business working at least 30 hours per week for at least 60 days prior to the start of Your period of Disability; PLUS

3. Any contributions to a pension or profit sharing plan made on Your behalf by all such business entities and not waived by contract during Disability.

Earnings do not include any form of unearned income such as dividends, rents, interest, capital gains, income received from any form of deferred compensation, retirement, pension plan, income from royalties, or disability benefits.

ELIMINATION PERIOD -- means the number of days of Disability from the start of a Continuous Disability for which no benefits will be paid. The Data Page shows the Elimination Period for the Disability Benefit section and the Social Insurance Substitute Benefit section, if applicable.

FAMILY BENEFIT AMOUNT -- means amount(s) payable for Your spouse or dependents, if any, for Your retirement or disability under Social Security.

FULL TIME WORK -- means at least the same average number of hours per week as You Worked during the 12 month period prior to Disability.

HOME OFFICE -- means Principal Life Insurance Company, 711 High Street, Des Moines, Iowa 50392-0001.

INJURY -- means bodily injury which occurs while this policy is in force.

INTERRUPTED ELIMINATION PERIOD -- means if Your Disability is not continuous the Elimination Period will be met if the required number of days of Disability occur in a period that is:

1. Twice as long as the Elimination Period; and

2. Less than one year.

Disability may be from the same or a different cause. The periods of Disability will be combined to meet the Elimination Period.

LOSS PAYEE -- means the person or entity named as the Loss Payee in the application or a later written request to change the Loss Payee which is approved by Us. The term includes any lawful successors of the Loss Payee. Unless otherwise stated in this policy or attached riders, benefits will be paid to the Loss Payee. If no Loss Payee is named in the application or other written request then the Owner is the Loss Payee.

MAXIMUM BENEFIT PERIOD -- starts after satisfaction of the Elimination Period and is the longest time for which benefits will be paid for any one Continuous Disability. The Maximum Benefit Period for this policy is shown on the Data Page.

OWNER -- means the person(s) and/or entity(ies) named as the Owner in the application or a later written request for change of ownership which We approve. The Owner may exercise every right and privilege provided by this policy, except that benefits will be paid as stated in the Payment Of A Claim provision. If You are not the Owner and the Owner dies before You, You become the Owner unless the Owner has provided for a successor owner.

POLICY ANNIVERSARY -- is computed from the Policy Date. For example, if the Policy Date is June 5, 2010, the Policy Anniversary is June 5 of every year thereafter.

POLICY DATE -- means the date coverage under this policy begins. This date is shown on the Data Page.

PRIMARY INSURANCE AMOUNT -- means the amount payable to You for retirement or disability under Social Security. It does not include benefits payable because of Your spouse or dependents, if any.

RAILROAD RETIREMENT -- means benefits payable to You for disability or retirement under the Railroad Retirement Act of the United States, as amended.

RECURRING DISABILITY -- means a continuation of a prior Disability when:

1. The recurrence of Disability occurs while this policy is in force and results from the same or directly related cause as the prior Disability for which We paid benefits or provided the Waiver of Premium Benefit; unless
2. After the prior Disability ends You return to Work at least 40 hours per week in any occupation for at least 6 consecutive months.

No new Elimination Period is required. We will pay benefits during the Recurring Disability for the remainder of the Maximum Benefit Period, if any.

REGULAR CARE BY A DOCTOR – means You are evaluated in person by a Doctor, You receive treatment appropriate for the condition causing Your Disability, and Your evaluations and treatment are provided by a Doctor whose specialty is appropriate for the condition causing Your Disability.

We may waive, in writing to You, the Regular Care By A Doctor requirement if it is determined that continued care would be of no benefit to You.

RETIRED -- means You are not actively Working in any capacity for pay or profit at the start of Your Disability and are receiving governmental retirement benefits, or qualified or nonqualified retirement benefits.

SICKNESS -- means an illness or disease.

SOCIAL INSURANCE -- means one or more of the following:

1. Primary Insurance Amount from Social Security;
2. Family Benefit Amount from Social Security;
3. Disability benefits or settlements from Workers Compensation;
4. Disability or Retirement benefits from Railroad Retirement;
5. Retirement benefits from Social Security;
6. Any other benefits from any local, state or federal government plan that are established to replace or supplement Social Security, Railroad Retirement or Workers Compensation.

SOCIAL SECURITY -- means retirement or disability benefits payable under the Social Security Act of the United States, as amended. This includes the Primary Insurance Amount and Family Benefit Amount.

SUBSTANTIAL AND MATERIAL ACTS – means acts that are normally required for the performance of Your Occupation and cannot be reasonably omitted or modified.

TOTAL DISABILITY -- means as a result of Injury or Sickness

1. During the Your Occupation Period You are not able to perform with reasonable continuity the substantial and material acts necessary to perform Your Occupation in the usual and customary way and You choose not to work at any occupation.

2. After the Your Occupation Period You are not able to engage with reasonable continuity in any occupation in which You could reasonably be expected to perform satisfactorily in light of Your age, education, training, experience, station in life, and physical and mental capacity.

If You choose to work at any occupation, You will not be considered Totally Disabled under this policy, but You may qualify for Residual Disability benefits if this rider is attached to Your policy.

If You are Retired, Total Disability means, as a result of Injury or Sickness, You are unable to perform the normal activities of a retired person in good health and of like age. If You are Unemployed, Total Disability means, as a result of Injury or Sickness, You are prevented from obtaining a job that You would reasonably be expected to perform satisfactorily in light of Your age, education, training, experience, station in life, and physical and mental capacity..

UNEMPLOYED -- means You are not actively Working in any capacity for pay or profit at the start of Your Disability and are not receiving governmental retirement benefits, or qualified or nonqualified retirement benefits.

WE, OUR, US -- means Principal Life Insurance Company.

WORK/WORKING -- means You perform a labor or service, including but not limited to supervision, management or direction for any business activity, for which You receive Earnings.

WORKERS COMPENSATION -- means the benefits of the Workers Compensation Act, Occupational Disease Act, or similar law of any state or territory.

YOU, YOUR -- means the person named as the Insured on the Data Page of this policy.

YOUR OCCUPATION -- means any employment, business, trade or profession and the substantial and material acts of the occupation(s) You were regularly performing when the Disability began. Your Occupation is not necessarily limited to the specific job You perform. If You are Working in more than one occupation, Your Occupation includes all occupations You were actively Working in at the start of Disability.

YOUR OCCUPATION PERIOD -- means, beginning with the date of Total Disability, the period of time including the Disability Benefit Elimination Period plus the Your Occupation Period as shown on the Data Page.

SAMPLE

DISABILITY BENEFIT

If You are Totally Disabled We will pay benefits as follows:

1. Benefits start to accrue at the end of this section's Elimination Period shown on the Data Page.

2. We will pay the Maximum Monthly Benefit shown on the Data Page.

3. Benefits will continue during Your Continuous Disability but not beyond the Maximum Benefit Period shown on the Data Page.

In addition:

1. Total Disability Benefit will not be paid for any days for which Residual Disability benefits will be paid.

2. Disability must start while this Policy is in force. An Elimination Period must be satisfied for each Disability except as stated for Recurring Disability or Continuous Disability.

3. The suspension, revocation, or surrender of Your professional or occupational license or certification does not, in and of itself, constitute Disability.

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SOCIAL INSURANCE SUBSTITUTE BENEFIT

The Social Insurance Substitute Benefit is provided only if amounts for it are shown on the Data Page. To receive this benefit:

1. You must meet all the requirements of this section and of the Additional Proof of Loss for Social Insurance Substitute Benefit section; and

2. Benefits must be payable under the Disability Benefit section.

We will pay this section's monthly benefit for Your Continuous Disability. This section's monthly benefit is:

1. This section's Maximum Monthly Benefit shown on the Data Page when no Social Insurance is paid; or

2. One third of this section's Maximum Monthly Benefit shown on the Data Page if the only Social Insurance paid for Your Disability is any one of either the Primary Insurance Amount, Workers Compensation, Railroad Retirement, or any other benefit that replaces or supplements Social Security, Workers Compensation or Railroad Retirement.

No Social Insurance Substitute Benefits will be paid under this section for any period:

1. You are not receiving benefits under the Disability Benefit section; or

2. During which two or more of the Social Insurances are paid for Your Disability; or

3. After Your Age 65 Policy Anniversary, unless Your Maximum Benefit Period is longer and You are receiving benefits under the Disability Benefit section; or

4. After You are eligible to receive full retirement benefits from Social Security or Railroad Retirement; or

5. For which You receive retirement benefits from Social Security or Railroad Retirement.

We will refund any Social Insurance Substitute Benefit premiums paid during the time You received retirement benefits from Social Security or Railroad Retirement. In order to provide a refund, We must be provided with written proof from the Social Security Administration, Railroad Retirement Board or other acceptable proof of the period You received such retirement benefits.

Benefits start to accrue at the later of:

1. The end of this section's Elimination Period shown on the Data Page; or

2. When Social Insurance paid for Your Disability reduces to only one of either the Primary Insurance Amount, Workers Compensation, or Railroad Retirement.

ADDITIONAL PROOF OF LOSS FOR SOCIAL INSURANCE SUBSTITUTE BENEFIT

As a requirement for receiving the Social Insurance Substitute Benefit, You must give Us satisfactory written proof, of any Social Insurance paid during the period for which You are claiming a loss under this section. Such proof is required as part of Your original proof of loss and as often after that as We may reasonably require.

If We think it is reasonable that You would be entitled to any Social Insurance, We will require that You:

1. Apply for these benefits as soon as You are eligible or apply for these benefits within 30 days after receiving written notice from Us requiring You to do so; and

2. Give Us satisfactory proof within 30 days after Your receipt of Our notice that You have applied for these benefits as required; and

3. Promptly notify Us if You are approved or denied for any Social Insurance; and

4. Request reconsideration of Your application for Social Insurance, if it is denied, and appeal any denial of reconsideration if an appeal appears reasonable.

Payment of any Social Insurance Substitute Benefit You are eligible for will cease and will not resume, including payment of any past due benefits, until You comply with 1, 2, 3, and 4 above.

If You have a spouse or any dependents that may be eligible for benefits under Social Insurance because of Your Disability, We will require that You also apply for these benefits under the same terms specified in 1, 2, 3, and 4 above.

If because of Your failure to notify Us of Your approval of any Social Insurance an overpayment of the Social Insurance Substitute Benefit occurs, We will have the right to require repayment of any overpayment. The overpayment will be deducted from any future benefits paid for the current Disability or We will require prompt reimbursement from You.

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OTHER BENEFITS

This section describes additional benefits provided by this policy subject to the requirements specified in each of the following benefit provisions.

TRANSPLANT SURGERY BENEFIT

We will pay benefits under the Disability Benefit section and Social Insurance Substitute Benefit section (subject to those sections' terms and conditions) if Your Disability results from surgery involving a transplant of a part of Your body to another person.

DEATH BENEFIT

If You die after satisfying the Elimination Period and while benefits are being paid under the Disability Benefit section or any attached rider, We will pay the Death Benefit shown on the Data Page. This benefit is in addition to any other benefit of this policy. This benefit is payable to the Loss Payee. If You are the Loss Payee at the time of Your death, this benefit will be paid to Your surviving spouse, if any, otherwise, to Your estate.

REHABILITATION BENEFIT

Rehabilitation is voluntary if You qualify for benefits under the Disability Benefit section. If You, the Owner and We agree in writing on a rehabilitation plan in advance, We will pay a portion of reasonable expenses. The goal of the plan must be to return You to Work.

Any rehabilitation plan must be approved in advance by You, the Owner and Us and outlined in a written plan of rehabilitation. The monthly benefit payable under the Disability Benefit section and Social Insurance Substitute Benefit section (subject to those sections' terms and conditions) will continue, unless modified by the rehabilitation plan.

Rehabilitation assistance may include:

1. Coordination of medical services;
2. Vocational and employment assessment;
3. Purchasing adaptive equipment;
4. Business/financial planning;
5. Retraining for a new occupation;
6. Education expenses.

We will periodically review the plan and Your progress and We will continue to pay for the agreed upon expenses as long as it can be determined that the plan will return You to Work.

WAIVER OF PREMIUM BENEFIT

In a period of Continuous Disability, if You are Disabled for the lesser of 90 days or the Elimination Period:

1. We will refund the monthly pro rata portion of any premium paid for coverage after the date a Continuous Disability began; and

2. We will waive the payment of premiums which come due during the Continuous Disability.

SAMPLE

Premium payments will begin on the next premium due date after You are no longer receiving benefits under this policy or Your Disability ends, whichever is later. We will not waive premiums beyond Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later, unless Your policy is renewed subject to the Conditional Renewal section and You later become eligible for the Waiver of Premium Benefit.

EXCLUSIONS AND LIMITATIONS

The following exclusions and limitations apply to this policy and any attached riders.

EXCLUSIONS

This policy does not pay benefits for an Injury or Sickness which in whole or in part is caused by, contributed to by, or which results from:

1. Intentional, self-inflicted injury; or
2. Your commission of or Your attempt to commit a felony, or Your involvement in an illegal occupation; or
3. Active military service during a military action or conflict; or
4. Loss We have excluded by name or specific description in any attached rider or endorsement.

LIMITATION WHEN OUTSIDE THE UNITED STATES OR CANADA

Benefits will be limited to 12 months during Your Continuous Disability unless You reside in the United States or Canada for at least six consecutive months in each calendar year.

LIMITATION DUE TO NORMAL PREGNANCY OR CHILDBIRTH

If the Elimination Period for Your Disability Benefit is less than 90 days, then normal pregnancy and normal childbirth are not covered Sicknesses. However, if the Elimination Period is equal to or greater than 90 days, then normal pregnancy and normal childbirth are covered Sicknesses subject to the definition of Disability.

PRE-EXISTING CONDITION LIMITATION

You are not covered for a Disability caused or substantially contributed to by a Pre-Existing Condition or medical or surgical treatment of a Pre-Existing Condition. You have a Pre-Existing Condition if:

1. You received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the 24 months immediately prior to the effective date of coverage(s) under this policy, or
2. You suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in Your application(s) for which You received a Doctor's advice or treatment within 2 years before the effective date of coverage(s), or which caused symptoms within 1 year before the effective date of coverage(s) for which a prudent person would usually seek medical advice or treatment, and
3. The Disability caused or substantially contributed to by the condition begins in the first 24 months after the effective date of coverage(s) under this policy.

OTHER EXCLUSIONS AND LIMITATIONS

There may be other exclusions or limitations in this policy in addition to those stated in this section. Additional exclusions or limitations, if any, are described in riders or endorsements attached to and a part of this policy.

CLAIM INFORMATION

NOTICE OF CLAIM

We must receive written notice of claim within 30 days after a covered loss starts or as soon after that as is reasonably possible. At least once every six months after having given notice of claim, You shall give Us notice of continued Disability, except in the event of legal incapacity. The period of six months following any filing of proof, or any payment of benefits for such claim, or any denial of liability in whole or in part by Us, shall be excluded for purposes of the written notice requirement. Delay in the giving of notice shall not impair the right to any benefits which would otherwise have accrued during the period of six months preceding the date on which notice is actually received. The notice can be sent to Our Home Office at 711 High Street, Des Moines, Iowa 50392, or to our producer. Notice should include Your name and policy number.

CLAIM FORMS

We will send a claim form within ten working days of receiving the notice of claim. If the claim form is not received within 15 days after notice of claim was sent to Us, You or the Owner should write Us a letter about the claim describing the cause and extent of Your loss in detail.

PROOF OF LOSS

Completion and return of the claim form or, if needed, the letter described above will serve as proper filing of proof of loss. This filing must be received in Our Home Office no later than 90 days after the end of a period for which benefits are claimed. Benefits will not be reduced due to a delay in filing proof of loss if it was filed as soon as reasonably possible. In no event, however, will We accept a filing of proof of loss more than a year after it is due. An exception will be made only if the Owner was not competent to make a claim.

DOCUMENTATION OF LOSS

As part of Our initial and ongoing claim evaluation, We will request documentation of loss. Until the requested documentation of loss is received, We will be unable to complete Our evaluation of Your claim and make a decision on Your eligibility to benefits under the terms of the policy. Documentation of loss may include:

1. Requested claim forms including claim forms from You and Your Doctor(s) or the letter described above;

2. Documentation You are under Regular Care By A Doctor;

3. Copies of medical records, test results and/or Doctor's progress notes;

4. Occupation information, such as documentation of work duties and activities. This may include Your job description, appointment calendar, and documentation of Your court appearances or medical services You provided;

SAMPLE

5. Independent medical examination(s). (See Independent Medical Examination provision below);

6. A written authorization, signed by You on Our form, for Us to obtain records and information needed to determine Your eligibility for benefits;

Any costs involved in submission of documentation of loss requirements are Your responsibility to pay, except for costs incurred by Us in numbers 3 and 5 above.

EARNINGS DOCUMENTATION

As part of proof of Your loss, We must be furnished with satisfactory proof of Your prior and current Earnings so that We can determine Your Earnings for the claim. Proof of Earnings may consist of copies of Your Federal Income Tax Returns, a statement from a Certified Public Accountant, or such other records requested. Proof of current Earnings must be furnished as often as We may reasonably require.

INDEPENDENT MEDICAL EXAMINATION

We have the right to require You to undergo medical examinations during the course of a claim. The examinations will be performed by a Doctor We choose as appropriate for the condition and will be conducted at the time, place, and frequency We reasonably require. We will pay for these examinations and will choose the Doctor to perform them.

PAYMENT OF A CLAIM

If benefits are payable, We will:

1. Pay the first month's benefit one month from the date the Elimination Period is satisfied.
2. Pay one-thirtieth of the appropriate monthly benefit for each day of any period of less than a full month for which benefits are payable.
3. Pay continuing monthly benefits at the end of each month of Disability (subject to the proof of loss requirements).
4. Pay any unpaid benefits due when Your Disability ends.
5. Pay benefits to the Loss Payee unless otherwise indicated in the policy or any attached riders.
6. If, during a Disability, You are determined to not be competent, We may pay up to $1,000.00 in any due and unpaid benefits to any relative by blood or connection by marriage We believe is entitled to it. If We pay this amount in good faith, We will not be liable to anyone else for the amount We paid. In order to continue benefits beyond $1,000.00, We will require proof of a durable power of attorney or the appointment of a conservator.

   Upon Your death, if there are additional benefits payable, other than the Death Benefit, beyond the $1,000.00, We will pay these additional benefits to Your estate.

OVERPAYMENT OF BENEFITS

If an overpayment of benefits should occur, We have the right to either recoup the overpayment from future claim benefits or require reimbursement within 60 days from You.

LEGAL ACTION

Legal action may not be started against Us to recover on this policy until 60 days after filing of proof of loss and not more than 3 years after the filing of proof of loss as required under this policy.

PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUM

The first premium for this policy is due on the Policy Date. After that, premiums are payable in the amount and frequency chosen from those shown on the Data Page. The Owner may change the frequency of premium payments except that We will not allow a change while You are Disabled. All premiums are to be sent as provided in the premium notices.

GRACE PERIOD

Except for the first premium, We allow a grace period of 31 days after the premium due date to pay the premium due. The policy will stay in force during the grace period.

REFUND OF PREMIUMS

Any refund of premiums made under this policy or attached riders will be paid to the Loss Payee.

REFUND AFTER DEATH

We will refund any full month's premium paid for coverage beyond the date of Your death. We must be given satisfactory written proof, of Your death. The premium refund will be paid as specified in the Refund of Premiums provision. If there is no Loss Payee, then We will refund any premium to the Owner if the Owner is not You. Otherwise the premium will be refunded to Your spouse or to Your estate if You have no spouse.

TERMINATION

This policy terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later, unless renewed under the Conditional Renewal section; or
2. Our receipt of the Owner's written request to terminate it; or
3. The end of the grace period; or
4. Your death.

If You are Disabled under the terms of this policy (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then this policy will remain in force with no further premiums due until the earlier of the end of Your Disability or the end of the Maximum Benefit Period.

REINSTATEMENT

With Our approval, this policy may be reinstated. We may require an application and evidence of insurability under Our then current underwriting guidelines.

SAMPLE

When We require an application for reinstatement and if We have received the required premiums, reinstatement takes effect on the date We approve the application. If We do not decline reinstatement in writing within 45 days from the date of the application, the policy will be reinstated on the 45th day after the date of the application.

When no application for reinstatement is required by Us, reinstatement takes effect on the date We receive the required premiums in Our Home Office.

A reinstated policy only covers a Disability from:

1. A Sickness which first manifests itself more than 10 days after the date reinstatement takes effect; or

2. An Injury which occurs after the date reinstatement takes effect.

A reinstated policy is subject to any provisions or changes attached to the reinstated policy.

SUSPENSION DURING MILITARY SERVICE

This policy will be suspended while You are on full-time active duty in the military service of any nation or international authority. Suspension will be effective as of the date active duty starts. Active duty does not include training by reservists that lasts 90 days or less. Disabilities that occur as of the date Your full-time active duty begins until Your active duty ends and the policy is restored are not covered. We will refund the pro rata portion of any premium paid for a period beyond the date of suspension. The suspended policy may be restored without proof of insurability if:

1. The active duty ends within 5 years from the date of suspension; and

2. The Owner applies in writing and premiums are paid within 180 days following the date active duty ends.

Your coverage will start again as of the date We receive the written request and premiums to restore the policy, but not before the date active duty ends. Only a Disability from a Sickness which first manifests itself or an Injury which occurs after the policy is restored is covered. Once restored, all rights under the policy will be the same as before the policy was suspended. Premiums will be at the same rate as they would have been had the policy remained in force.

CONDITIONAL RENEWAL

This policy is conditionally renewable on an annual basis beginning with the Age 65 Policy Anniversary or after five years from the Policy Date, whichever is later, for life if the terms and conditions of this section are met.

To renew the policy for one year, all of the following conditions must be satisfied:

1. You are not receiving a benefit under this policy or any attached rider at the time of renewal.

2. You must have been actively Working at least 30 hours each week for the 12 consecutive months preceding renewal.
3. You are Working at least 30 hours a week at the time of renewal.

4. The policy is in force with no premium in default.

SAMPLE

5. We receive the Owner's renewal request in writing by the Age 65 Policy Anniversary or, if applicable, the end of five years from the Policy Date, and by each Policy Anniversary thereafter for any subsequent one-year renewals.

6. The renewal policy premium is paid. The renewal policy premium will be based on those rates in effect for Your age at the time of renewal.

We reserve the right to require proof from time to time that You continue to Work at least 30 hours a week. If at anytime You are Working less than 30 hours a week, this policy will terminate as of the date You no longer Worked at least 30 hours a week. We will return the unearned premiums paid for any period not covered by this policy.

If the policy is renewed under this section, the benefits are the same, and subject to the same terms, as those in the policy, except as follows:

1. For any period of Disability beginning after renewal and while this policy is in force, the Maximum Benefit Period is two years and the Your Occupation Period is two years; and

2. Benefits are not payable for Disability beginning after renewal if You are Retired or Unemployed; and

3. All riders that contain a Termination provision are not renewable under this section. Any other riders, including exclusion or modified coverage riders, will be renewed and remain a part of the policy; and

4. The Social Insurance Substitute Benefit, if included, is not renewable after the Age 65 Policy Anniversary.

POLICY ADJUSTMENT OPTIONS

Subject to Our then current underwriting guidelines which may include requiring evidence of insurability, the Owner may request policy adjustments while the policy is in force with no premiums in default, and You are not Disabled. To request an adjustment, an application signed by the Owner is required. If evidence of insurability is required, the application must also be signed by You, if You are not the Owner. An adjustment is effective on the Adjustment Date, subject to Our prior approval and Our receipt of the required premium.

The adjusted benefits apply to a Disability from a Sickness which first manifests itself or an Injury which occurs on or after the Adjustment Date and while this policy is in force.

Any adjustment will change the information on the Data Page. We will provide new Data Pages.

THE CONTRACT

ENTIRE CONTRACT

The policy, the attached applications, and any attached riders or endorsements make up the entire contract.

SAMPLE

ALTERATIONS

Only Our corporate officers may modify or waive anything in, or approve changes to, the policy. The change must be attached to the policy. No one else, including the agent or broker, has the authority to change the policy or waive any provision.

POLICY INTERPRETATION

We have the responsibility to fairly, thoroughly, objectively, and timely investigate, evaluate, and determine Your eligibility for benefits for any claim You make under this policy, subject to the Claim Information section of this policy.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date of issue of this policy, no misstatements, except fraudulent misstatements, made by You or the Owner in the application for the policy shall be used to void the policy or to deny a claim for loss incurred or Disability commencing after the expiration of the two-year period.

No claim for loss incurred or Disability commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy.

MISSTATEMENT OF AGE

If Your age has been misstated, the coverage of this policy will be what the premium paid would have purchased at Your correct age.

CHANGE OF OWNER OR LOSS PAYEE

The Owner may name a new Owner or Loss Payee by giving Us a request in writing. Our approval is required and the change is not effective until We approve it. Once approved, the change is effective on the date the request was signed by the Owner

ASSIGNMENT

We are not bound by an assignment until received in a written form We accept at Our Home Office. We assume no responsibility for any assignment's validity. An assignment does not change the ownership of this policy.

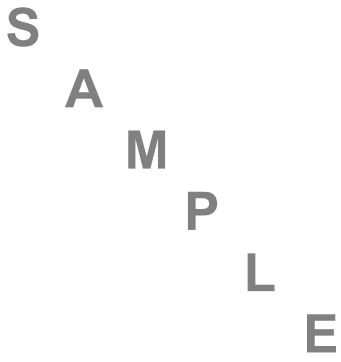
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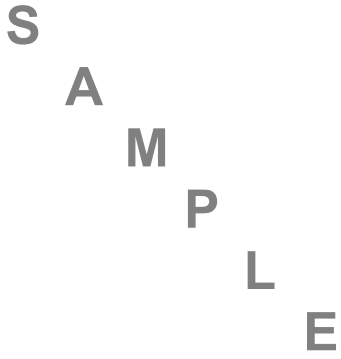
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DISABILITY INCOME POLICY. NON-CANCELLABLE AND GUARANTEED RENEWABLE AT GUARANTEED PREMIUM RATES TO YOUR AGE 65 POLICY ANNIVERSARY OR FOR FIVE YEARS FROM THE POLICY DATE, IF LATER. CONDITIONALLY RENEWABLE THEREAFTER ON ANNUAL BASIS FOR LIFE, SUBJECT TO CHANGE IN PREMIUM RATES. IF THE SOCIAL INSURANCE SUBSTITUTE BENEFIT IS INCLUDED, IT IS CONTINUABLE AT GUARANTEED PREMIUM RATES TO THE EARLIER OF YOUR AGE 65 POLICY ANNIVERSARY OR UPON RECEIPT OF SOCIAL SECURITY RETIREMENT BENEFITS OR RAILROAD RETIREMENT BENEFITS. NONPARTICIPATING.

LIMITATION OF BENEFITS FOR MENTAL/NERVOUS/SUBSTANCE ABUSE DISORDERS

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the current Data Page. This rider cannot be terminated by You unless the policy terminates.

DEFINITIONS

HOSPITAL -- means a facility legally operating as a hospital which:

1. Is mainly engaged in providing inpatient care and treatment of sick or injured persons, and routinely makes a charge for such care; and

2. Is supervised by a staff of physicians on the premises; and

3. Provides 24-hour nursing services on the premises by registered graduate nurses.

In no event will Hospital include any institution:

1. Which is operated as a rest home, a convalescent facility, or a long-term nursing care facility; or

2. Which is mainly for the care of the aged, or which primarily affords custodial or educational care.

MENTAL/NERVOUS/SUBSTANCE ABUSE DISABILITY -- means any Disability which is due to Mental/Nervous/Substance Abuse Disorder(s).

MENTAL/NERVOUS/SUBSTANCE ABUSE DISORDER -- means any disease or disorder classified in the most current Diagnostic and Statistical Manual of Mental/Nervous Disorders (DSM) published by the American Psychiatric Association. If the DSM is discontinued or replaced, Mental/Nervous/Substance Abuse Disorder will mean any disease or disorder classified in the diagnostic manual in use by the American Psychiatric Association or its successor as of the date Disability begins. These Disorders are considered Sicknesses for purposes of the policy.

We will not apply the drug abuse limitation to a disability due to drug abuse or dependency resulting from the use of a controlled substance as prescribed by a doctor and used in accordance with accepted medical standards.

Mental/Nervous/Substance Abuse Disorder does not include dementia that is a result of any of the following conditions:

1. stroke;

2. head injury;

3. viral infection; or

4. Alzheimer's disease.

MONTHLY BENEFIT -- means benefits payable under the terms of any one or more of the following benefit sections or riders that may be contained in Your policy: Disability Benefit Section, Social Insurance Substitute Benefit Section and any rider that provides a monthly benefit.

(Continued on next page)

OTHER CONDITION -- means a medical condition that is not a Mental/Nervous/Substance Abuse Disorder or is not caused by, or a result of, Your Mental/Nervous/Substance Abuse Disorder.

LIMITATIONS

Monthly Benefits for Mental/Nervous/Substance Abuse Disability will not be paid for more than an aggregate total of 24 months during the entire time the policy is in force. This 24-month limit does not apply separately to each type of Monthly Benefits, but rather to Monthly Benefits as a whole. However, subject to the Maximum Benefit Period on the current Data Page and all other provisions of the policy and any rider, We will pay Monthly Benefits as long as You are continuously confined as an inpatient in a Hospital.

Your policy's Waiver of Premium Benefit will continue without regard to the 24-month limitation, provided You otherwise meet the requirements for that benefit.

If during a period of Mental/Nervous/Substance Abuse Disability You incur any Other Condition, this rider's 24 month limit will not apply as long as the Other Condition, standing alone, would cause Disability.

SAMPLE

SAMPLE

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

CAPITAL SUM BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

We will pay the Capital Sum Benefit shown on the Data Page if an Injury or Sickness results in Your total loss of use for any and every purpose or activity without any possibility of recovery of:

1. The use of a hand or foot; or
2. The sight of an eye.

This benefit is in addition to any other benefit provided by the policy or any other attached riders. The Capital Sum Benefit is payable for only one loss in Your lifetime. In order for this benefit to be paid:

1. You must survive the loss for 30 days; and
2. The policy and this rider must be in force. If the policy and this rider are not in force, the loss must occur within 90 days after the Injury or Sickness which caused it and the Injury or Sickness must occur while the policy and this rider are in force.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or
2. When We pay this rider's benefit; or
3. Our receipt of the Owner's written request to terminate it; or
4. Termination of the policy of which it is a part.

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

SAMPLE

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CATASTROPHIC DISABILITY BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for this rider and for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

DEFINITIONS

ACTIVITIES OF DAILY LIVING (ADL) are:

Bathing – which means the ability to wash Yourself in the tub, shower or by sponge bath, with or without adaptive devices.
Continence – which means the ability to voluntarily control bowel and bladder function, or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene (including caring for catheter or colostomy bag).
Dressing – which means the ability to put on and take off clothing and any medically necessary braces or artificial limbs.
Eating/Feeding – which means the ability to feed Yourself by mouth, feeding tube or intravenously.
Toileting – which means the ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene.
Transferring – which means the ability to move in and out of a chair, bed or wheelchair with or without assistive devices such as canes, walkers, crutches, grab bars or mechanical or motorized devices.

ADL DISABLED -- means, solely due to an Injury or Sickness, You are unable to perform two or more Activities of Daily Living without Assistance.

ASSISTANCE -- means the presence of, or the help of, another person that is necessary to either:

1. prevent, by physical intervention or verbal cueing, injury to You while You are performing the Activity of Daily Living; or
2. help You in performing the Activity of Daily Living.

CATASTROPHIC DISABILITY/CATASTROPHICALLY DISABLED -- means, solely due to an Injury or Sickness, You are:

1. ADL Disabled; or
2. Cognitively Impaired; or
3. Presumptively Disabled.

CATASTROPHIC DISABILITY BENEFIT -- means the monthly benefit amount provided by this rider and is shown on the Data Page.

CATASTROPHIC DISABILITY ELIMINATION PERIOD -- means the number of days from the start of a Continuous Catastrophic Disability for which no benefits under this rider will be paid. The Catastrophic Disability Elimination Period is shown on the Data Page. The Catastrophic Disability Elimination Period is waived for Presumptive Disability.

CATASTROPHIC DISABILITY MAXIMUM BENEFIT PERIOD -- starts after satisfaction of the Catastrophic Disability Elimination Period and is the longest time for which benefits under this rider will be paid. The Catastrophic Disability Maximum Benefit Period is shown on the Data Page.

SAMPLE

COGNITIVELY IMPAIRED -- means a measurable impairment to short term or long term memory, orientation as to people, places or time, and/or deductive or abstract reasoning that severely impairs Your ability to function independently. This loss or deterioration must be documented by clinical evidence of an Injury or Sickness and medically recognized standardized neurological testing such as MRI and CAT, and testing used to assess neuropsychological function.

CONTINUOUS CATASTROPHIC DISABILITY -- means Your Catastrophic Disability that continues with no interruption. You will be considered to have a Continuous Catastrophic Disability if an Interrupted Catastrophic Disability Elimination Period or Recurring Catastrophic Disability occurs.

INTERRUPTED CATASTROPHIC DISABILITY ELIMINATION PERIOD -- means, even if Your Catastrophic Disability is not continuous, the Catastrophic Disability Elimination Period will be met if the required number of days of Catastrophic Disability occur in a period that is:

1. Twice as long as the Catastrophic Disability Elimination Period; and
2. Less than one year.

Your Catastrophic Disability may result from the same or a different cause. The periods of Catastrophic Disability will be combined to meet the Catastrophic Disability Elimination Period.

PRESUMPTIVE DISABILITY/PRESUMPTIVELY DISABLED -- means, solely due to an Injury or Sickness, You have a total loss of use for any and every purpose or activity without any possibility of recovery of:

1. Power of speech; or
2. Hearing in both ears; or
3. Sight of both eyes; or
4. The use of both hands, both feet, or one hand and one foot.

RECURRING CATASTROPHIC DISABILITY -- means a continuation of a prior Catastrophic Disability when the recurrence of Catastrophic Disability:

1. Begins while the policy and this rider are in force; and
2. Results from the same or directly related cause as the prior Catastrophic Disability for which We paid benefits under this rider; and
3. Occurs within six months from the end of the prior Catastrophic Disability.

No new Catastrophic Disability Elimination Period is required. We will pay Catastrophic Disability Benefits during the Recurring Catastrophic Disability for the remainder of the Catastrophic Disability Maximum Benefit Period, if any.

SAMPLE

CATASTROPHIC DISABILITY BENEFIT

We will pay the Catastrophic Disability Benefit for Your Continuous Catastrophic Disability that begins on or after the effective date of this rider and while the policy and this rider are in force and subject to the policy and rider provisions. Benefits start to accrue at the end of the Catastrophic Disability Elimination Period, except if You are Presumptively Disabled, benefits start to accrue on the day Your Presumptive Disability begins. Benefits will continue during Your Continuous Catastrophic Disability but not beyond the Catastrophic Disability Maximum Benefit Period.

The Catastrophic Disability Benefit is payable in addition to any other benefit provided by the policy.

CLAIM INFORMATION

All provisions and requirements of the Claim Information section of the policy apply to this rider and the term "Disability/Disabled", as used in that section, is amended to include "Catastrophic Disability/Catastrophically Disabled".

OTHER BENEFITS

WAIVER OF PREMIUM BENEFIT

The Waiver of Premium Benefit provision of the policy will also apply to Your Continuous Catastrophic Disability, and the terms as used in the Waiver of Premium Benefit provision are amended as follows:

1. "Continuous Disability " is amended to include "and/or Continuous Catastrophic Disability".
2. "Disability/Disabled" are amended to include "and/or Catastrophic Disability/Catastrophically Disabled".
3. "Elimination Period" is amended to include "and/or Catastrophic Disability Elimination Period".

BENEFIT UPDATE

We will include an offer to increase the Catastrophic Disability Benefit, if the Benefit Update Rider is part of this policy and an offer to increase coverage is made under that Rider. In the event You lose group long term disability insurance that includes a catastrophic disability benefit, You may also elect to request a review of Your Catastrophic Disability Benefit under the Benefit Update Adjustment – Advance Option. Any offer is subject to Our then current underwriting guidelines except You will not be required to provide evidence of medical insurability. You may accept all, part or none of the offer to increase the Catastrophic Disability Benefit. The amount of Catastrophic Disability Benefit accepted has no effect on the Benefit Update Rider.

The new premium amount for the Catastrophic Disability Benefit resulting from a Benefit Update adjustment will be automatically billed. Increases are accepted by paying the new premium. Increases may be rejected by notifying Us in writing no later than 30 days after the Policy Anniversary or by not paying the increase in premium.

The adjusted Catastrophic Disability Benefit applies to new Catastrophic Disabilities which start on or after the Benefit Update Adjustment Date. A Recurring Catastrophic Disability is not a new Catastrophic Disability.

A Benefit Update adjustment in the Catastrophic Disability Benefit will be effective on the Policy Anniversary following Our offer, subject to the Owner accepting Our offer. New Data Pages reflecting any increase in benefits will be provided.

COST OF LIVING

If the Cost Of Living Adjustment Rider is part of this policy, all of the provisions of that rider will apply to the Catastrophic Disability Benefit, and the terms as used in the Cost Of Living Adjustment Rider are amended as follows:

1. "Maximum Monthly Benefit "is amended to include "and/or Catastrophic Disability Benefit".
2. "Continuous Disability" is amended to include "and/or Continuous Catastrophic Disability".
3. "Disability" is amended to include "and/or Catastrophic Disability".
4. "Maximum Benefit Period" is amended to include "and/or Catastrophic Disability Maximum Benefit Period".

SAMPLE

EXCLUSIONS AND LIMITATIONS

All exclusions and limitations in the policy, or attached to and a part of the policy, will apply to this rider.

If the Limitation Of Benefits For Mental/Nervous/Substance Abuse Disorders rider is part of this policy, all of the provisions of that rider will apply to the Catastrophic Disability Benefit, and the terms as used in the Limitation Of Benefits For Mental/Nervous/Substance Abuse Disorders rider are amended as follows:

1. "Disability " is amended to include "and/or Catastrophic Disability".
2. "Monthly Benefit " is amended to include "and/or Catastrophic Disability Benefit".
3. "Maximum Benefit Period" is amended to include "and/or Catastrophic Disability Maximum Benefit Period".

SAMPLE

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or
2. Our receipt of the Owner's written request to terminate it; or
3. Termination of the policy of which it is a part.

If You are Catastrophically Disabled under the terms of this rider (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider will remain in force with no further premiums due until the earlier of the end of Your Catastrophic Disability or the end of the Catastrophic Disability Maximum Benefit Period.

SAMPLE

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

COST OF LIVING ADJUSTMENT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for this rider and for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

DEFINITIONS

ADJUSTED MAXIMUM MONTHLY BENEFIT -- means the Maximum Monthly Benefit(s) shown on the Data Page in effect at the start of Your Continuous Disability plus any cost of living adjustments made under this rider.

CHANGE DATE -- means each yearly anniversary of the start of a Continuous Disability. If a new Elimination Period is required because of a new Disability, new Change Dates will be set for the new Disability.

CPI-U -- means the Consumer Price Index for all Urban Consumers (CPI-U) published by the United States Department of Labor. We will use a different index if:

1. The CPI-U is discontinued, delayed, or not otherwise available for use; or
2. The composition, base, or method of calculating the CPI-U changes so that We consider it inappropriate for this policy.

Any different index We choose will be one which We believe best reflects the change in the cost of living in the United States.

COST OF LIVING ADJUSTMENT (COLA) FACTOR

The COLA Factor is, as of any Change Date, a factor which is based upon the change in the CPI-U on an annual basis. On the first Change Date, it is calculated by dividing the CPI-U for the calendar month three months before the first Change Date by the CPI-U for the calendar month three months before the date Your Continuous Disability began. In subsequent years, it is calculated by dividing the CPI-U for the calendar month three months before the current Change Date by the CPI-U for the calendar month three months before the prior year's Change Date.

The COLA Factor cannot be:

1. Less than one; or
2. Greater than one plus the COLA Maximum Percent shown on the Data Page.

BENEFITS

This rider may provide for a cost of living adjustment to Your Maximum Monthly Benefit during the period of Your Continuous Disability.

On the first Change Date We will adjust the Maximum Monthly Benefit(s) shown on the Data Page in effect at the start of Your Continuous Disability, by multiplying by the COLA Factor. On subsequent Change Dates, the new Adjusted Maximum Monthly Benefit will be determined by multiplying the previous year's Adjusted Maximum Monthly Benefit by the current year's COLA Factor. These Adjusted Maximum Monthly Benefits will then be used to calculate Your monthly benefits.

SAMPLE

No further adjustments in benefits under this rider will be made after the first of:

1. The end of Your Continuous Disability; or

2. The end of the Maximum Benefit Period.

Unless You adjust the policy as described in the Purchase Option provision, the Adjusted Maximum Monthly Benefit will end when the Continuous Disability ends. If a new Elimination Period is required for a new Disability, the Maximum Monthly Benefits are the amounts shown on the Data Page.

PURCHASE OPTION

Within 90 days after Your Continuous Disability ends, the Owner may adjust the policy to increase the Maximum Monthly Benefit of the Disability Benefit section shown on the Data Page if Your Maximum Monthly Benefits were increased by this rider.

The amount of the increase will be:

1. The last Adjusted Maximum Monthly Benefit;

   LESS

2. The Maximum Monthly Benefit shown on the Data Page.

The increased Maximum Monthly Benefit applies to new Disabilities which start on or after the Adjustment Date. A Recurring Disability is not a new Disability.

An increase may be made as provided in the Policy Adjustment Options section except that You need not show evidence of good health. We must receive the adjustment application within 90 days after Your Continuous Disability ends. The additional premium must be paid within 31 days of the Adjustment Date. We will provide a new Data Page for any increase made under this provision.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or

2. Our receipt of the Owner's written request to terminate it; or

3. Termination of the policy of which it is a part.

If You are eligible to benefits under the terms of the policy or any attached riders (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider will remain in force with no further premiums due until the earlier of the end of Your Disability or the end of the Maximum Benefit Period.

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

SAMPLE

PRESUMPTIVE DISABILITY BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

DEFINITION

PRESUMPTIVE DISABILITY occurs while the policy and this rider are in force and prior to the Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; and is an Injury or Sickness resulting in Your total loss of use for any and every purpose or activity without any possibility of recovery of:

a) Power of speech; or
b) Hearing in both ears; or
c) Sight of both eyes; or
d) The use of both hands, both feet, or one hand and one foot.

PRESUMPTIVE DISABILITY BENEFIT

If You meet the definition of Presumptive Disability, We will consider You Disabled and pay benefits for Total Disability under the Disability Benefit section and Social Insurance Substitute Benefit section (subject to those sections' terms and conditions) of the policy, regardless of Your ability to Work or earn an income.

Benefits will start to accrue when the Presumptive Disability occurs, even if the Elimination Period has not been satisfied. Monthly benefits will be paid as long as the Presumptive Disability continues, but no longer than the Maximum Benefit Period. If Your Maximum Benefit Period shown on the Data Page is “to Age 65 Policy Anniversary”, “to Age 67 Policy Anniversary” or “to Age 70 Policy Anniversary”, the Maximum Benefit Period will be extended to “Lifetime” for benefits payable under the Disability Benefit section.

Once We begin paying benefits under this rider, the Regular Care By A Doctor requirement specified in the policy is waived.

If the Cost of Living Adjustment Rider is attached to the policy, no further increases will be provided under that rider after the end of the Maximum Benefit Period shown on the Data Page.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or
2. Our receipt of the Owner’s written request to terminate it; or
3. Termination of the policy of which it is a part.

If You are Presumptively Disabled under the terms of this rider (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider remains in force with no further premiums due until the earlier of the end of Your Presumptive Disability or the end of the Maximum Benefit Period.

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

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RECOVERY BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for this rider and for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

DEFINITIONS

CURRENT EARNINGS -- means Your monthly Earnings after You return to Full Time Work.

LOSS OF EARNINGS -- means Your Prior Earnings minus Your Current Earnings for the months after You return to Full Time Work.

PRIOR EARNINGS -- means Your highest monthly average Earnings for any consecutive 12 months in the last 24 months before a Continuous Disability began.

RECOVERY BENEFIT

We will provide a Recovery Benefit if:

1. You are no longer Disabled; and
2. You are not receiving benefits under the Disability Benefit section of the policy; and
3. You return to Full Time Work immediately after a Continuous Disability for which benefits were payable under the Disability Benefit section; and
4. You have a Loss of Earnings equal to or greater than 20% of Your Prior Earnings; and
5. Your Loss of Earnings is solely due to the prior Injury or Sickness that caused Disability.

Income earned by a business or professional entity will be determined by Your choice of either the cash or accrual accounting method. The same method will be used to determine both Prior Earnings and Current Earnings. If the cash method is used, income earned but not received prior to the start of a Disability will be excluded from Your Current Earnings.

Regardless of the accounting method used, any bonuses or lump sum payments You receive will be assigned on a pro-rata basis to each month during which they are earned and retroactive adjustments will be made to the benefits previously paid under the policy.

The amount of Recovery Benefit payable will be:

$$\frac{\text{Prior Earnings - Current Earnings}}{\text{Prior Earnings}} \times \text{Maximum Monthly Benefit}$$

Benefits under this rider are payable for a period not to exceed the Recovery Benefit Period shown on the Data Page, but not beyond the policy Maximum Benefit Period.

SAMPLE

If the Cost of Living Adjustment Rider is a part of the policy, then the Recovery Benefit will be calculated based on the Adjusted Maximum Monthly Benefit being paid when You recovered from Your Disability. There will be no additional increases under the Cost of Living Adjustment Rider while benefits are payable under this rider. There will be no Indexing of Prior Earnings while benefits are payable under this rider.

The Waiver of Premium benefit in the policy will be provided while benefits are payable under this rider. Other benefits provided by Your policy will not be payable.

You are no longer eligible for the Recovery Benefit if You are able to earn more than 80% of Prior Earnings.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or.
2. Our receipt of the Owner's written request to terminate the rider; or
3. Termination of the policy of which it is a part.

If You are eligible to benefits under the terms of this rider prior to and continuing through the date specified in number 1 above, then the policy and this rider will remain in force with no further premiums due until the earlier of the end of the Recovery Benefit Period or the end of the policy Maximum Benefit Period.

SAMPLE

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

REGULAR OCCUPATION RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the rider and for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

This rider does not pay benefits in addition to those of the Disability Benefit section of the policy. Instead, this rider states the benefit payable under the policy if You meet this rider's definition of Total Disability during the Your Occupation Period.

TOTAL DISABILITY during the Your Occupation Period means, that as a result of Injury or Sickness You are not able to perform with reasonable continuity the substantial and material acts necessary to perform Your Occupation, You are not Working in Your Occupation, and You are Working in another occupation.

SAMPLE

BENEFITS

If You are Totally Disabled We will pay benefits as follows:

1. Benefits start to accrue at the end of the Disability Benefit section's Elimination Period shown on the Data Page.

2. We will pay the Maximum Monthly Benefit shown on the Data Page for the Disability Benefit section and Social Insurance Substitute Benefit section, if included.

3. Benefits will continue during Your Continuous Disability but not beyond the Maximum Benefit Period shown on the Data Page.

4. The Social Insurance Substitute Benefit will not be payable for any period You are eligible to receive full retirement benefits from Social Security or Railroad Retirement.

In addition:

Total Disability Benefit will not be paid for any days for which Residual Disability benefits will be paid.

Disability must start while this Policy is in force. The Elimination Period must be satisfied for each Disability except as stated for Recurring Disability or Continuous Disability.

The suspension, revocation, or surrender of Your professional or occupational license or certification does not, in and of itself, constitute Disability.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or

2. Our receipt of the Owner's written request to terminate the rider; or

3. Termination of the policy of which it is a part.

If You are eligible to benefits under the terms of this rider (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider will remain in force with no further premiums due until the earlier of the end of Your Total Disability or the end of the Maximum Benefit Period.

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(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

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RESIDUAL DISABILITY BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for this rider and for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

DEFINITIONS

CHANGE DATE -- means each yearly anniversary of the start of a Continuous Disability. If a new Elimination Period is required because of a new Disability, new Change Dates will be set for the new Disability.

CPI-U -- means the Consumer Price Index for All Urban Consumers (CPI-U) published by the United States Department of Labor. We will use a different index if:

1. The CPI-U is discontinued, delayed, or not otherwise available for use; or

2. The composition, base, or method of calculating the CPI-U changes so that it is considered inappropriate for this policy.

Any different index We choose will be one which best reflects the change in the cost of living in the United States.

CURRENT EARNINGS -- means Your Earnings received for each month while You are Disabled.

INDEX FACTOR -- means, as of any Change Date, a factor which is based upon the change in the CPI-U on an annual basis. On the first Change Date, it is calculated by dividing the CPI-U for the calendar month three months before the first Change Date by the CPI-U for the calendar month three months before the date Your Continuous Disability began. In subsequent years, it is calculated by dividing the CPI-U for the calendar month three months before the current Change Date by the CPI-U for the calendar month three months before the prior year's Change Date. The Index Factor will never be less than 1.

INDIVIDUAL DISABILITY INSURANCE BENEFIT – means, any Individual Disability Insurance benefits You receive from Us (excluding this policy) and all other insurance companies, on policies that are in force on or before the Effective Date of this rider.

LOSS OF EARNINGS -- means Your Prior Earnings minus Current Earnings. This difference will be considered Loss of Earnings to the extent such loss is directly and independently due to the Injury or Sickness which caused Your Disability. We reserve the right to at least annually review and adjust Your Loss of Earnings and benefit payments to take into account fluctuations in Earnings.

PRIOR EARNINGS -- means Your highest monthly average Earnings for any consecutive 12 months in the last 24 months before a Continuous Disability began. On each Change Date We will adjust the Prior Earnings by multiplying the Prior Earnings, as of the current Change Date, times the Index Factor. If a new Elimination Period is required because of a new Disability, Your Prior Earnings will again be determined for the new Disability without regard to any previous indexing.

SAMPLE

RESIDUAL DISABILITY -- means You are not Totally Disabled and that while actually working in an occupation, as a result of Injury or Sickness You are unable to earn 80% or more of Your Prior Earnings.

If You are Retired, Residual Disability means, as a result of Injury or Sickness, Your ability to perform the normal activities of a retired person in good health and of like age is restricted. If You are Unemployed, Residual Disability means, as a result of Injury or Sickness, Your ability to obtain a job that You would reasonably be expected to perform satisfactorily in light of Your age, education, training, experience, station in life, and physical and mental capacity, is restricted.

BENEFITS FOR RESIDUAL DISABILITY

If You are Residually Disabled and have a Loss of Earnings of at least 20%, We will pay benefits as follows:

1. Benefits start to accrue at the end of this section's Elimination Period as shown on the current Data Page.

2. Benefits will continue during Your Continuous Disability but not beyond the Maximum Benefit Period as shown on the current Data Page.

3. The Residual Disability Monthly Amount will be determined each month using the following formulas:

   a. The following formula will be used during the first 12 months of benefits:

      Prior Earnings - Current Earnings - Individual Disability Insurance Benefits = Residual Disability Monthly Amount

   b. After the first 12 months of Residual Disability benefits the following formula will be used:

      $$\frac{\text{Prior Earnings - Current Earnings}}{\text{Prior Earnings}} \times \text{Maximum Monthly Benefit} = \text{Residual Disability Monthly Amount}$$

4. The Residual Disability Monthly Amount paid each month will never be more than the Maximum Monthly Benefit as shown on the current Data Page. If an amount for the Social Insurance Substitute Benefit is shown on the current Data Page, We will also pay a percentage of the Maximum Monthly Benefit under the Social Insurance Substitute Benefit section of the policy, provided You satisfy all requirements of that section.

In addition:

1. Residual Disability Benefit will not be paid for any days for which Total disability benefits have or will be paid.

2. Disability must start while this policy is in force. An Elimination Period must be satisfied for each Disability except as stated for Recurring Disability or Continuous disability.

3. The suspension, revocation or surrender of Your professional or occupational license or certification does not, in and of itself, constitute disability.

Income earned by a business or professional entity will be determined by Your choice of either the cash or accrual accounting method. The same method will be used to determine both Prior Earnings and Current Earnings throughout a Disability. If the cash method is used, income earned but not received prior to the start of a Disability will be excluded from Your Current Earnings.

SAMPLE

Regardless of the accounting method used, any bonuses or lump sum payments You receive will be assigned on a pro-rata basis to each month during which they are earned and retroactive adjustments will be made to the benefits previously paid under the policy.

When the percentage payable exceeds 75% We will pay 100% of the Maximum Monthly Benefit.

If you are Retired or Unemployed, 50% of the Maximum Monthly Benefit will be paid for Residual Disability.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or
2. Our receipt of the Owner's written request to terminate it; or
3. Termination of the policy of which it is a part.

If You are eligible to benefits under the terms of the policy or any attached riders (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider will remain in force with no further premiums due until the earlier of the end of Your Disability or the end of the Maximum Benefit Period.

SAMPLE

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

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SHORT TERM RESIDUAL DISABILITY BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for this rider and for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

DEFINITIONS

CHANGE DATE -- means each yearly anniversary of the start of a Continuous Disability. If a new Elimination Period is required because of a new Disability, new Change Dates will be set for the new Disability.

CPI-U -- means the Consumer Price Index for All Urban Consumers (CPI-U) published by the United States Department of Labor. We will use a different index if:

1. The CPI-U is discontinued, delayed, or not otherwise available for use; or

2. The composition, base, or method of calculating the CPI-U changes so that it is considered inappropriate for this policy.

Any different index We choose will be one which best reflects the change in the cost of living in the United States.

CURRENT EARNINGS -- means Your Earnings received for each month while You are Disabled.

INDEX FACTOR -- means, as of any Change Date, a factor which is based upon the change in the CPI-U on an annual basis. On the first Change Date, it is calculated by dividing the CPI-U for the calendar month three months before the first Change Date by the CPI-U for the calendar month three months before the date Your Continuous Disability began. In subsequent years, it is calculated by dividing the CPI-U for the calendar month three months before the current Change Date by the CPI-U for the calendar month three months before the prior year's Change Date. The Index Factor will never be less than 1.

INDIVIDUAL DISABILITY INSURANCE BENEFIT – means, any Individual Disability Insurance benefits You receive from Us (excluding this policy) and all other insurance companies, on policies that are in force on or before the Effective Date of this rider.

LOSS OF EARNINGS -- means Your Prior Earnings minus Current Earnings. This difference will be considered Loss of Earnings to the extent such loss is directly and independently due to the Injury or Sickness which caused Your Disability.

PRIOR EARNINGS -- means Your highest monthly average Earnings for any consecutive 12 months in the last 24 months before a Continuous Disability began. On each Change Date We will adjust the Prior Earnings by multiplying the Prior Earnings, as of the current Change Date, times the Index Factor. If a new Elimination Period is required because of a new Disability, Your Prior Earnings will again be determined for the new Disability without regard to any previous indexing.

SAMPLE

RESIDUAL DISABILITY -- means You are not Totally Disabled and that while actually working in an occupation, as a result of Injury or Sickness You are unable to earn 80% or more of Your Prior Earnings.

If You are Retired, Residual Disability means, as a result of Injury or Sickness, Your ability to perform the normal activities of a retired person in good health and of like age is restricted. If You are Unemployed, Residual Disability means, as a result of Injury or Sickness, Your ability to obtain a job that You would reasonably be expected to perform satisfactorily in light of Your age, education, training, experience, station in life, and physical and mental capacity, is restricted.

BENEFITS FOR RESIDUAL DISABILITY

If You are Residually Disabled and have a Loss of Earnings of at least 20%, We will pay benefits as follows:

1. Benefits start to accrue at the end of the Disability Benefit section's Elimination Period as shown on the current Data Page.

2. Benefits for Residual Disability are payable to the end of the Short Term Residual Disability Benefit Period shown on the current Data Page but not beyond the Maximum Benefit Period as shown on the current Data Page.

3. The Residual Disability Monthly Amount will be determined each month using the following formula:

   Prior Earnings - Current Earnings – Individual Disability Insurance Benefits = Residual Disability Monthly Amount

4. The Residual disability Monthly Amount paid each month will never be more than the Maximum Monthly Benefit as shown on the current Data Page. If an amount for the Social Insurance Substitute Benefit is shown on the current Data Page, We will also pay a percentage of the Maximum Monthly Benefit under the Social Insurance Substitute Benefit section of the policy, provided You satisfy all requirements of that section.

In addition:

1. Residual Disability Benefit will not be paid for any days for which Total disability benefits have or will be paid.

2. Disability must start while this policy is in force. An Elimination Period must be satisfied for each Disability except as stated for Recurring Disability or Continuous Disability.

3. The suspension, revocation or surrender of Your professional or occupational license or certification does not, in and of itself, constitute disability.

Income earned by a business or professional entity will be determined by Your choice of either the cash or accrual accounting method. The same method will be used to determine both Prior Earnings and Current Earnings throughout a Disability. If the cash method is used, income earned but not received prior to the start of a Disability will be excluded from Your Current Earnings.

Regardless of the accounting method used, any bonuses or lump sum payments You receive will be assigned on a pro-rata basis to each month during which they are earned and retroactive adjustments will be made to the benefits previously paid under the policy.

When the percentage payable exceeds 75% We will pay 100% of the Maximum Monthly Benefit.

SAMPLE

If you are Retired or Unemployed, 50% of the Maximum Monthly Benefit will be paid for Residual Disability.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or
2. Our receipt of the Owner's written request to terminate it; or
3. Termination of the policy of which it is a part.

If You are eligible to benefits under the terms of the policy or any attached riders (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider will remain in force with no further premiums due until the earlier of the end of Your Disability or the end of the Maximum Benefit Period.

SAMPLE

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(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

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FOREIGN TRAVEL EXCLUSION RIDER

To be attached to and become part of:

Policy Number: SAMPLE
Insured: John Doe

This rider is part of the policy and all terms, limitations and exclusions of the policy remain in effect. This rider is effective on the Effective Date shown on the Data Page and remains a part of the policy unless removed by Principal Life Insurance Company.

It is agreed that the above numbered policy is amended according to the following limitations:

Benefits are not payable under this policy or any attached riders for any Injury occurring or Sickness beginning while You are:

[outside the boundaries of the Unites States or Canada] or

[in the country(ies) and/or continent(s) of _____]

IN WITNESS WHEREOF, the PRINCIPAL LIFE INSURANCE COMPANY, Des Moines, Iowa, has caused this rider to be made a part of the policy to which it is attached as of the Effective Date.

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

I understand and agree to the terms of this rider and will attach it to my policy.

Date _____ Accepted by _____
Insured

_____
Owner, if other than the Insured

SAMPLE

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REMOVAL OF PRE-EXISTING CONDITION LIMITATION ENDORSEMENT

This endorsement is part of the policy. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this endorsement unless specifically changed by this endorsement.

The PRE-EXISTING CONDITION LIMITATION provision of the policy and any references thereto are deleted in their entirety.

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(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

AMENDMENT TO PRE-EXISTING CONDITION LIMITATION ENDORSEMENT

This endorsement is part of the policy. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this endorsement unless specifically changed by this endorsement.

The PRE-EXISTING CONDITION LIMITATION provision of the policy and any references thereto are replaced with the following:

PRE-EXISTING CONDITION LIMITATION

You are not covered for a Disability caused or substantially contributed to by a Pre-Existing Condition or medical or surgical treatment of a Pre-Existing Condition. You have a Pre-Existing Condition if:

1. You received medical treatment, care, or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the 12 months immediately prior to the effective date of coverage(s), or

2. You suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in Your application(s) for which You received a Doctor's advice or treatment within 12 months before the effective date of coverage(s), or which caused symptoms within 1 year before the effective date of coverage(s) for which a prudent person would usually seek medical advice or treatment, and

3. The Disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of coverage(s) under this policy.

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

SAMPLE

BENEFIT UPDATE RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the current Data Page.

DEFINITIONS

ADVANCE OPTION - means the ability to request a one-time review during the three-year period prior to the next scheduled Benefit Update review.

OPTION ANNIVERSARY – is the annual anniversary of the Option Date. For example, if the Option Date is June 5, 2010, the Option Anniversary is June 5 of every year thereafter.

OPTION DATE – is shown on the current Data Page.

BENEFIT UPDATE ADJUSTMENTS

Every third Option Anniversary from the Option Date, We will review Your Disability Benefit and any Social Insurance Substitute Benefit shown on the current Data Page. We will require an application and other evidence which satisfies that You are insurable under Our then current underwriting guidelines except that You need not show evidence of good health. If We receive the information We require within 30 days of Our request, We may offer to increase the Disability Benefit and any Social Insurance Substitute Benefit. Our offer will be to adjust the Disability Benefit and Social Insurance Substitute Benefit to the maximum allowable based on the information received and Our then current underwriting guidelines.

BENEFIT UPDATE ADJUSTMENT -- ADVANCE OPTION

In the event You experience a change that results in 1, 2, or 3 listed below, You may elect to have the Disability Benefit and any Social Insurance Substitute Benefit reviewed at that time in place of the next scheduled review.

If You request the Advance Option, the next scheduled review will not take place. In order to request an Advance Option review, You must meet the criteria listed below.

1. Your current employer has discontinued offering group long term disability insurance (or has reduced the benefit amount) and does not plan to offer such insurance for at least 36 months; or
2. You must have had group long term disability insurance with the employer You had just prior to Your new employer and Your new employer does not or will not offer group long term disability insurance within the next 36 months from the date Your employment starts; or
3. You have had at least a 50% increase in Your Earnings since the last adjustment to increase the Disability Benefit and/or Social Insurance Substitute Benefit.

SAMPLE

The Advance Option update may be available if You notify Us by submitting an application for the requested increase in coverage with the required evidence of insurability. Evidence of good health is not required. Premium for the increase must be submitted with the application. The application is to be provided to Our Home Office no later than 90 days after the date number 1, 2, or 3 above occurs.

If You are eligible for the Advance Option, We will either accept Your request for the additional coverage or make a counter offer based on the information received and Our then current underwriting guidelines. The Advance Option is not available on or after age 52.

EFFECT OF A BENEFIT UPDATE ADJUSTMENT

The new premium amount which results from a Benefit Update adjustment will be automatically billed. Increases are accepted by paying the new premium. Less than 100% of the increase offer may also be accepted subject to number 2 in the Termination provision. Increases may be rejected by notifying Us in writing no later than 30 days after the Option Anniversary (or in the event of an advance option, no later than 30 days after Our offer) or by not paying the increase in premium.

The adjusted Disability Benefit and any Social Insurance Substitute Benefit apply to new Disabilities which start on or after the Benefit Update Adjustment Date. A Recurring Disability is not a new Disability.

BENEFIT UPDATE ADJUSTMENT DATE

A Benefit Update adjustment in the Disability Benefit and any Social Insurance Substitute Benefit resulting from Our offer will be effective on the Option Anniversary, subject to the Owner accepting Our offer. In the event of an Advance Option, the effective date is the Adjustment Date shown on the new Data Page. Any adjustment will change the information on the policy's Data Pages and new Data Pages will be provided.

TERMINATION

This rider terminates, with no further offers available, when:

1. Underwriting evidence We require is not received within 30 days of Our request; or
2. Less than 50% of Our offer to increase the Disability Benefit and any Social Insurance Substitute Benefit is accepted; or
3. A decrease in the Disability Benefit or Social Insurance Substitute Benefit is made under the Policy Adjustment Options section of Your policy to an amount below the minimum required to be eligible for this rider according to Our then current underwriting guidelines; or
4. The Owner sends Us a written request to terminate this rider; or
5. You reach Your age 55 Option Anniversary (except We will make one review, excluding the Advance Option, for any Benefit Update rider issued on or after age 52); or
6. The policy, of which this rider is a part, terminates.

1 and 2 above do not apply if You are Disabled on the Benefit Update Adjustment Date.

REINSTATEMENT

If this rider terminates under 1, 2, 3, or 4 above, the Owner may request reinstatement of this rider, subject to Our underwriting guidelines then in effect.

If this rider terminates under 6 above, it may later be reinstated if the policy is reinstated in accordance with the policy terms for policy reinstatement.

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Des Moines, Iowa 50392-0001

CONDITIONALLY RENEWABLE POLICY RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

This rider changes the policy and all riders made part of the policy from Non-Cancellable and Guaranteed Renewable to Conditionally Renewable.

The following paragraphs on the policy cover page are removed:

> NON-CANCELLABLE AND GUARANTEED RENEWABLE AT GUARANTEED PREMIUM RATES TO YOUR AGE 65 POLICY ANNIVERSARY OR FIVE YEARS FROM THE POLICY DATE, IF LATER. CONDITIONALLY RENEWABLE THEREAFTER ON ANNUAL BASIS FOR LIFE, SUBJECT TO CHANGE IN PREMIUM RATES. IF THE SOCIAL INSURANCE SUBSTITUTE BENEFIT IS INCLUDED, IT IS CONTINUABLE AT GUARANTEED PREMIUM RATES TO THE EARLIER OF YOUR AGE 65 POLICY ANNIVERSARY OR UPON RECEIPT OF SOCIAL SECURITY RETIREMENT BENEFITS OR RAILROAD RETIREMENT BENEFITS. NONPARTICIPATING.
>
> Coverage under this policy starts at 12:01 a.m. on the Policy Date and will stay in force until 12:00 a.m. on Your Age 65 Policy Anniversary or after five years from the Policy Date, if later, as long as premiums are paid when due. If the conditions are met in the Conditional Renewal section, this policy may be renewed each year thereafter for life. While this policy is in force, We Cannot:
>
> 1. Cancel it; or
> 2. Change the premium rate (before the Age 65 Policy Anniversary or five years from the Policy Date, if later).

The following paragraphs replace the paragraphs stated above on the policy cover page:

> CONDITIONALLY RENEWABLE ON AN ANNUAL BASIS FOR LIFE, SUBJECT TO CHANGE IN PREMIUM RATES. NONPARTICIPATING.
>
> Coverage under this policy starts at 12:01 a.m. on the Policy Date and will stay in force until 12:00 a.m. on the following Policy Anniversary, as long as premiums are paid when due. If the conditions are met in the Conditional Renewal section, this policy may be renewed each year thereafter for life. While this policy is in force, We cannot:
>
> - Cancel it; or
> - Change the premium rate prior to the next renewal date.

The following paragraph replaces the paragraph on the policy back cover page:

> CONDITIONALLY RENEWABLE ON AN ANNUAL BASIS FOR LIFE, SUBJECT TO CHANGE IN PREMIUM RATES. NONPARTICIPATING.

SAMPLE

The Waiver of Premium Benefit provision in the policy is replaced with the following provision:

WAIVER OF PREMIUM BENEFIT

In a period of Continuous Disability, If You are Disabled for the lesser of 90 days or the Elimination Period and You satisfy the requirements of the Claim Information section:

1. We will refund the monthly pro rata portion of any premium paid for coverage after the date a Continuous Disability began; and
2. We will waive the payment of premiums while You are receiving benefits under the Disability Benefit section, but not beyond the annual Policy Anniversary following Your date of Disability.

Premium payments will begin on the next premium due date after You are no longer receiving benefits under the Disability Benefit section, if the policy has not terminated under the terms of the Termination provision.

The Termination provision in the policy is replaced with the following provision:

TERMINATION

This policy terminates on the first of:

1. Your annual Policy Anniversary after the Policy Date, unless renewed under the Conditional Renewal section; or
2. Our receipt of the Owner's written request to terminate it; or
3. The end of the grace period; or
4. Your death.

If You are receiving benefits under the Disability Benefit section then this policy will remain in force with no further premium due until the earlier of the end of Your Disability or the end of the Maximum Benefit Period.

The Conditional Renewal section in the policy is replaced with the following section:

CONDITIONAL RENEWAL

This policy is conditionally renewable on an annual basis beginning with the Policy Anniversary following the Policy Date, if the terms and conditions of this section are met.

To renew the policy for one year, all of the following conditions must be satisfied:

1. You are not receiving a benefit under this policy or any attached rider.
2. You must have been actively Working at least 30 hours each week for the 12 consecutive months preceding renewal.
3. You are Working at least 30 hours each week at the time of renewal.
4. The policy is in force with no premium in default.
5. We receive the Owner's renewal request in writing by each Policy Anniversary for any one-year renewal.
6. The renewal policy premium is paid. The renewal policy premium will be based on those rates in effect for Your age at the time of renewal.

SAMPLE

We reserve the right to require proof from time to time that You continue to Work at least 30 hours a week. If at anytime You are Working less than 30 hours a week, this policy will terminate as of the date You no longer Worked at least 30 hours a week. We will return all premiums paid for any period not covered by this policy.

If the policy is renewed under this section, the benefits are the same, and subject to the same terms, as those in the policy and riders attached, except as follows:

1. For any period of Disability beginning after renewal and while this policy is in force, the Maximum Benefit Period is two years and the Your Occupation Period is two years; and
2. Benefits are not payable for Disability beginning after renewal if You are Retired or Unemployed; and
3. All riders that contain a Termination provision are not renewable under this section. Any other riders, including exclusion or modified coverage riders, will be renewed and remain a part of the policy.

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(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

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FUTURE BENEFIT INCREASE RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the current Data Page.

DEFINITIONS

DISABILITY BENEFIT – is shown on the current Data Page. If there are multiple Maximum Monthly Benefits shown for the Disability Benefit, then for the purposes of this rider, the Disability Benefit is the Maximum Monthly Benefit shown for the remainder of the Maximum Monthly Benefit Period.

OPTION ANNIVERSARY – is the annual anniversary of the Option Date. For example, if the Option Date is June 5, 2010, the Option Anniversary is June 5 of every year thereafter.

OPTION DATE – is shown on the current Data Page.

TERM – is a six-year period as measured from the Option Date. If this rider's effective date is later than the Option Date, the first Term will equal the number of years remaining of the six-year period as measured from the Option Date.

TOTAL MONTHLY BENEFIT – means the sum of this policy's Maximum Monthly Benefits shown on the current Data Page. It includes the Disability Benefit and any Social Insurance Substitute Benefit. Total Monthly Benefit does not include any benefits provided by the Catastrophic Disability Benefit Rider, if part of the policy.

INCREASE OPTIONS

This rider provides the opportunity to increase the Total Monthly Benefit. Increases are offered on each Option Anniversary during a Term, subject to the Limitations and Conditions provision of this rider.

Any increase to the Total Monthly Benefit resulting from this rider will be effective on the Option Anniversary for which it is offered, subject to the Acceptance And Rejection Of An Offer provision of this rider.

AUTOMATIC INCREASE - You can receive a Future Benefit Increase on each Option Anniversary based on the Consumer Price Index for All Urban Consumers (CPI-U) as published by the United States Department of Labor. If the index is discontinued, delayed, or otherwise not available for this use, or if the composition or basis of, or method of calculating the index changes so that We consider it not appropriate for calculating further Future Benefit Increase Options, We have the right to substitute what We believe is an appropriate index for the CPI-U.

This increase is provided without evidence of insurability, but will not exceed Our then current underwriting guidelines.

The increase is determined by multiplying the Total Monthly Benefit on the Option Anniversary just prior to the scheduled increase by an increase factor. If the Owner has decreased the Maximum Monthly Benefits under the Policy Adjustment Options section of the policy since the prior Option Anniversary, the Total Monthly Benefit is the decreased amount, which is then multiplied by the increase factor.

SAMPLE

The increase factor will be:

1. CPI-U 6 months prior to the Future Benefit Increase Option Anniversary; divided by
2. CPI-U 18 months prior to the Future Benefit Increase Option Anniversary; less
3. 1.00.

The increase factor, converted to a percentage, cannot be less than the Future Benefit Increase Option Minimum Index Percent nor greater than the Future Benefit Increase Option Maximum Index Percent shown on the current Data Page.

ADDITIONAL INCREASE - In addition to the automatic increase, you may also be eligible for an additional increase of up to a maximum benefit increase of $500.00, subject to our then current underwriting guidelines, except that You need not show evidence of good health. This $500.00 maximum includes any increase made under the automatic increase. Prior to the Option Anniversary, We will provide you with an application that must be completed and returned within 30 days of Our request to be considered for an additional increase.

ACCEPTANCE AND REJECTION OF AN OFFER

The new premium amount which results from an increase offer made under this rider will be automatically billed. Increases are accepted by paying the new premium. Increases may be rejected by notifying Us in writing no later than 30 days after the Option Anniversary or by not paying the increase in premium. New Data Pages reflecting any increase in benefits will be provided.

LIMITATIONS AND CONDITIONS

Increases provided by this rider are subject to the following limitations and conditions:

1. The adjusted Total Monthly Benefit applies to new Disabilities which start on or after that Option Anniversary. A Recurring Disability is not a new Disability.
2. If the Benefit Update Rider is part of the policy, increases will not be offered on any Option Anniversary that coincides with a review for a Benefit Update Adjustment.
3. Increases will not be offered for any Option Anniversary on which You are Disabled or when You are receiving benefits under the Recovery Benefit Rider or Catastrophic Disability Benefit Rider, if part of the policy.

RENEWAL

A renewal anniversary will occur on every sixth Option Anniversary. On each renewal anniversary while this rider is in force, We will require an application and other evidence which satisfies that You are insurable under Our then current underwriting guidelines except that You need not show evidence of good health. If We receive the information We require within 60 days of Our request and You qualify under Our underwriting guidelines in effect on the date the renewal application is completed, We will renew this rider for another Term.

This rider will be suspended if You are receiving either Disability benefits under the policy or benefits under the Recovery Benefit Rider or Catastrophic Disability Benefit Rider, if part of the policy, on a renewal anniversary. Once such benefits are no longer payable, You may renew this rider by providing the underwriting evidence that We require for renewal. A rider that is renewed following a period of suspension is renewed only for that portion of the six-year period that remains until the next renewal anniversary.

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TERMINATION

This rider terminates, with no further offers available, when:

1. Underwriting evidence requested for renewal is not received within 60 days of Our request; or
2. You do not qualify for renewal under this rider's Renewal provision; or
3. The Owner rejects any two automatic increase offers, this includes any during the time the policy is terminated even if the policy and this rider are subsequently reinstated; or
4. You reach Your Age 55 Option Anniversary or the end of the first Term, whichever is later; or
5. The Owner sends Us a written request to terminate this rider; or
6. The policy, of which this rider is a part, terminates.

REINSTATEMENT

If this rider terminates under 1, 3, or 5 above, the Owner may request reinstatement of this rider subject to Our underwriting guidelines then in effect.

If this rider terminates under 6 above, it will be reinstated if the policy is reinstated in accordance with the policy terms for policy reinstatement.

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Principal Life Insurance Company
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PRESUMPTIVE DISABILITY BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The definitions listed below apply only to this rider unless specifically identified. The effective date of this rider is shown on the Data Page.

DEFINITION

PRESUMPTIVE DISABILITY occurs while the policy and this rider are in force and prior to the Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; and is an Injury or Sickness resulting in Your total loss of use for any and every purpose or activity without any possibility of recovery of:

a) Power of speech; or
b) Hearing in both ears; or
c) Sight of both eyes; or
d) The use of both hands, both feet, or one hand and one foot.

PRESUMPTIVE DISABILITY BENEFIT

If You meet the definition of Presumptive Disability, We will consider You Disabled and pay benefits for Total Disability under the Disability Benefit section and Social Insurance Substitute Benefit section (subject to those sections' terms and conditions) of the policy, regardless of Your ability to Work or earn an income.

Benefits will start to accrue when the Presumptive Disability occurs, even if the Elimination Period has not been satisfied. Monthly benefits will be paid as long as the Presumptive Disability continues, but no longer than the Maximum Benefit Period.

Once We begin paying benefits under this rider, the Regular Care By A Doctor requirement specified in the policy is waived.

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or
2. Our receipt of the Owner's written request to terminate it; or
3. Termination of the policy of which it is a part.

If You are Presumptively Disabled under the terms of this rider (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider remains in force with no further premiums due until the earlier of the end of Your Presumptive Disability or the end of the Maximum Benefit Period.

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Principal Life Insurance Company
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TRANSITIONAL OCCUPATION RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for this rider and for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the current Data Page.

This rider does not pay benefits in addition to those of the Disability Benefit section of the policy. Instead, this rider states the benefit payable under the policy if You meet this rider's definition of Total Disability during the Transitional Occupation Period. In no event, will benefits be payable beyond the Maximum Benefit Period shown on the Data Page for the Disability Benefit section and the Social Insurance Substitute Benefit section, if included.

DEFINITIONS

CHANGE DATE – means each yearly anniversary of the start of a Continuous Disability.

CURRENT EARNINGS - means Your Earnings for each month while You are Disabled.

INDEX FACTOR – means, as of any Change Date, a factor which is based upon the change in the CPI-U on an annual basis. On the first Change Date, it is calculated by dividing the CPI-U for the calendar month three months before the first Change Date by the CPI-U for the calendar month three months before the date Your Continuous Disability began. In subsequent years, it is calculated by dividing the CPI-U for the calendar month three months before the current Change Date by the CPI-U for the calendar month three months before the prior year's Change Date. The Index Factor will never be less than 1.

PRIOR EARNINGS - means Your highest monthly average Earnings for any consecutive 12 months in the last 24 months before a Continuous Disability began. On each Change Date We will adjust the Prior Earnings by multiplying the Prior Earnings, as of the current Change Date, times the Index Factor. If a new Elimination Period is required because of a new Disability, Your Prior Earnings will again be determined for the new Disability without regard to any previous indexing.

OTHER DISABILITY COVERAGE - means all Disability coverage and benefits payable to You each month while You are Disabled and provided by:

1. Individual, association, or group disability coverage;
2. Benefits from an employer-sponsored plan or payroll deduction plan that provides sick pay, salary continuation, salary replacement, disability income, disability retirement, or retirement;
3. Worker's Compensation monthly benefits or settlement received in lieu of monthly benefits.

TOTAL DISABILITY during the Transitional Occupation Period means, as a result of Injury or Sickness Your are not able to perform with reasonable continuity the substantial and material acts necessary to perform Your Occupation in the usual and customary way, but are working in another occupation.

TRANSITIONAL OCCUPATION PERIOD – means, beginning with the date of Total Disability, as defined by this rider, the period of time as shown on the Data Page. Only periods of Total Disability under this rider apply toward the Transitional Occupation Period. However, any days of Total Disability, as defined by this rider, used to satisfy the policy's Elimination Period are not applied toward the Transitional Occupation Period.

BENEFITS PAYABLE UNDER THIS RIDER

The benefit calculation is based on replacement of up to 100% of Your Prior Earnings, but not to exceed the Maximum Monthly Benefit plus any Social Insurance Substitute Benefit. Benefits are payable to the end of the Transitional Occupation Period.

The monthly benefit will be equal to the lesser of:

1. Prior Earnings MINUS Current Earnings MINUS Other Disability Coverage; or
2. The Maximum Monthly Benefit PLUS any Social Insurance Substitute Benefit.

If the result of number 1 above is equal to or less than zero, no monthly benefit will be paid.

If Your policy has the Residual Disability Benefit Rider, benefits will not be paid under both riders at the same time. Instead, if You meet the definitions and terms of both riders, the benefit payable will be the greater of the Transitional Occupation Rider benefit as determined above or the Residual Disability Benefit.

During the first six months of a Total Disability, as defined by this rider, following the Elimination Period, the percentage paid will be at least 50% of the Maximum Monthly Benefit plus 50% of any Social Insurance Substitute Benefit. If Your Elimination Period for the Social Insurance Substitute Benefit is longer than for the Disability Benefit, Social Insurance Substitute Benefits will be paid at the 50% level until the end of the six month period for the Disability Benefit.

OVERPAYMENTS

If an overpayment of benefits should occur for any reason, including but not limited to Your receipt of past due or nondisclosed Current Earnings or Other Disability Coverage, We have the right to either deduct the overpayment from future claim benefits or require reimbursement within 60 days of Our written request for overpayment.

CLAIM INFORMATION

The Claim Information section in the policy is amended to include, documentation of Other Disability Coverage.

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TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or
2. Our receipt of the Owner's written request to terminate it; or
3. Termination of the policy of which it is a part.

If You are eligible for benefits under the terms of the policy or any attached riders (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider will remain in force with no further premiums due until the earlier of the end of Your Disability or the end of the Maximum Benefit Period.

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