DISABILITY INCOME POLICY

NON-CANCELLABLE AND GUARANTEED RENEWABLE AT GUARANTEED PREMIUM RATES TO YOUR [AGE 65][1.] POLICY ANNIVERSARY. CONDITIONALLY RENEWABLE THEREAFTER ON 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 Policy Termination Date on Your most current Data Page 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 Policy Termination Date on Your most current Data Page.

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.

Pre-Existing Condition limitations or exclusions and other limitations or exclusions may apply. Please read Your 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 on the application could void the policy. If any information on the application is incorrect, incomplete, or untrue, please call or write Principal Life Insurance Company, Individual Disability Insurance, [711 High Street, Des Moines, Iowa 50392-0001], [(800) 247-9988].

State Department of Insurance: [XXXXX] [2.]
[XXX-XXX-XXXX]

Executive Vice President,
General Counsel and Secretary

Chairman, President and
Chief Executive Officer

Principal®

Principal Life Insurance Company
711 High Street
Des Moines, IA 50392-0001

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

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 You are 45 years old on January 1, 2023, and Your Policy Date is January 15, 2023, Your Age 55 Policy Anniversary is January 15, 2033.

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

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 the Residual Disability Benefit Rider, the Residual Disability and Recovery Benefit Rider, or the Short Term Residual Disability Benefit Rider is attached to this 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 Medical Doctor (MD), Doctor of Osteopathy (DO) or Doctor of Chiropractic (DC) who is licensed by law, and is acting within the scope of their license, to treat an Injury or Sickness. If the Disability is due to a disease or disorder classified in the most current Diagnostic and Statistical Manual of Mental/Nervous Disorders (DSM) published by the American Psychiatric Association, the person must be a board-certified psychiatrist or a licensed doctoral level psychologist. If the APA no longer publishes a diagnostic manual or the APA ceases to exist, We may substitute a comparable diagnostic manual subject to approval by the Interstate Insurance Product Regulation Commission before use of the comparable diagnostic manual. The person cannot be You, any person related to You by blood or marriage, the Owner, the Benefit Recipient, a business or professional partner or associate, or any person who has a financial affiliation or business interest with You or Your spouse.

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 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 Own 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 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 of this policy.

FULL TIME/FULL TIME WORK -- means Working at least the same average number of hours per week performing the Substantial and Material Duties of Your Own Occupation without limitation 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 accidental bodily injury which occurs on or after the Policy Date and while this policy is in force. If Your Disability begins more than 365 days after the date the Injury was sustained, the condition will be considered a Sickness.

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.

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.

MAXIMUM MONTHLY BENEFIT – means the maximum amount of disability benefit that could be paid out monthly under this policy and is shown of the Data Page.

OWN OCCUPATION -- means the profession(s) or occupation(s), not a specific job(s) or a job with a certain employer(s), and not Retired or Unemployed from, that You are Working in at the start of Your Disability. If You are Working in more than one occupation, Own Occupation includes all occupations in which You are Working at the start of Disability.

If Your Own Occupation is limited to a single professionally recognized specialty in medicine or dentistry and is in the scope of your degree and/or license, we will consider that specialty to be Your Own Occupation. If Your Own Occupation is in the practice of law, the specialty of law You were routinely performing when Your Disability begins will be considered Your Own Occupation.

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 is approved by Us. 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 in this policy. 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 January 15, 2023, the Policy Anniversary is January 15 of every year thereafter.

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

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 Full Time Work 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:

1. You are evaluated in person by a Doctor; and
2. You receive treatment appropriate for the condition causing Your Disability; and
3. Your evaluations and treatment are provided by a Doctor whose specialty is appropriate for the condition causing Your Disability; and
4. The evaluations and treatment must be at a frequency intended to return You to Full Time Work; and
5. You must pursue reasonable treatment options or recommendations to achieve maximum medical improvement.

We may require You to have Your Doctor provide Us with a written evaluation and treatment plan for the condition causing Your Disability, which meets generally accepted medical standards and is satisfactory to Us.

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

RETIRED -- means You are not 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 which first manifests itself on or after the Policy Date and while this policy is in force. Complications of pregnancy and complications of childbirth are covered Sicknesses.

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

TOTAL DISABILITY [4.] – means solely due to Injury or Sickness:

[1. You are unable to perform the Substantial and Material Duties of Your Own Occupation; and
2. You are not Working; and
3. You satisfy the requirements of the Claim Information section of this policy.] [4a.]

[1. You are unable to perform the Substantial and Material Duties of Your Own Occupation; and
2. You are not Working in Your Own Occupation; and
3. You satisfy the requirements of the Claim Information section of this policy.

You will be Totally Disabled even if You are Working in another occupation as long as You are unable to perform the Substantial and Material Duties of Your Own Occupation.] [4b.]

If You are Retired, Total Disability means, solely due to Injury or Sickness, You are unable to perform any of the normal activities of a retired person in good health and of like age and You satisfy the requirements of the Claim Information section of this policy. If You are Unemployed, Total Disability means, solely due to Injury or Sickness, You are prevented from obtaining a job that You are reasonably suited to by Your education, training and experience and You satisfy the requirements of the Claim Information section of this policy.

UNEMPLOYED -- means You are not 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, Des Moines Iowa.

WORK/WORKING -- means You are actively performing a labor or service, including but not limited to supervision, management or direction for any business activity, for the purpose of receiving Earnings.

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

DISABILITY BENEFIT

We will pay benefits for Your Continuous Disability that begins on or after the Policy Date and while this policy is in force and subject to the policy provisions. Benefits start to accrue at the end of this section's Elimination Period. Benefits will continue during Your Continuous Disability but not beyond the Maximum Benefit Period.

For Total Disability, We will pay the Maximum Monthly Benefit shown on the Data Page.

OTHER BENEFITS

This section describes additional benefits provided by this policy subject to the requirements specified in each of the following benefit provisions. In addition, You must satisfy the requirements of the Claim Information section of this policy to be eligible for these benefits.

TRANSPLANT SURGERY BENEFIT

We will pay benefits under the Disability Benefit section of this policy (subject to the terms and conditions of that section) if Your Disability results from surgery involving a transplant of a part of Your body to another person.

REHABILITATION BENEFIT

Rehabilitation is voluntary if You qualify for benefits under the Disability Benefit section of this policy. If You, the Owner and We agree in writing on a rehabilitation plan in advance, We may 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 Us and outlined in a written plan of rehabilitation. The monthly benefit payable under the Disability Benefit section of this policy (subject to the terms and conditions of that section) 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 may continue to pay for the agreed upon expenses as long as We determine that the plan will return You to Work. Your participation in a rehabilitation plan is not required by this policy. If You decide to participate and You later cease to participate in the rehabilitation plan, We will continue paying any Disability Benefits You are eligible to receive

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 of this policy:

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.

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 the Policy Termination Date on Your most current Data Page unless Your policy is renewed subject to the Conditional Renewal section of this policy 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, or which results from:

1. Intentional, self-inflicted Injury; or
2. Declared or undeclared war or act of war; or
3. Your commission of or Your attempt to commit a felony, or Your involvement in an illegal occupation or activity; or
4. Active duty in the military service of any nation or international authority, or in a reserve component of the armed forces of the United States; or
5. Your voluntary participation in a riot or insurrection; or
6. Loss We have excluded by name or specific description in any attached rider or endorsement.

No benefits are payable for any period during Your Continuous Disability during which You are incarcerated in a penal or correctional institution for a period of 7 days or longer.

LIMITATION WHEN OUTSIDE THE UNITED STATES OR CANADA

Benefits will be limited to 12 months during Your Continuous Disability, and benefits will be subsequently suspended, unless You reside in the United States or Canada for at least six consecutive months in each calendar year. If You return to the United States or Canada following suspension of benefits, You may resubmit a notice of claim for benefits under this policy.

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. This limitation does not apply to complications of pregnancy as diagnosed by a Doctor.

PRE-EXISTING CONDITION LIMITATION 5.

5a. [There is no Pre-Existing Condition Limitation on this policy. All other limitations, benefits, and provisions of this policy remain in effect.]

5b. [We will not pay any claim for a Disability or loss which:

1. Begins within [2 years] 5b. after the effective date of coverage(s); and
2. Results from a pre-existing condition which was not disclosed or was misrepresented in this policy's application.]

Pre-existing condition means a condition:

1. For which medical treatment, testing or medication was recommended by a Doctor or received from a Doctor within the [2 year] 5b. period prior to the effective date of coverage(s); or
2. Which has caused symptoms within the 1 year period prior to the effective date of coverage(s) which would cause an ordinarily prudent person to seek diagnosis, care or treatment.]

LOSS OF LICENSE

While Your Injury or Sickness may result in the loss or restriction of a professional license, occupation license or certification, that loss or restriction, by itself, does not constitute a Disability.

OTHER EXCLUSIONS AND LIMITATIONS

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

CLAIM INFORMATION

NOTICE OF CLAIM

You (or someone acting as Your legal representative) must give Us written notice of claim, including Your name and policy number, within 30 days of the date Your Disability began, or as soon thereafter as reasonably possible.

We will furnish a claim form upon Our receipt of notice of claim. If We do not furnish the claim form within 15 days after notice of claim was sent to Us, You or the Owner should send Us a correspondence describing in detail the date of Disability, the cause and extent.

PROOF OF LOSS

You (or someone acting as Your legal representative) must fulfill all of the following requirements:

1. Send any proof of loss requested by Us to Our Home Office within 90 days after the end of each monthly period for which You are claiming Disability.

   If You have not submitted proof of loss acceptable to Us within one year from the date required, benefits will be denied. An exception will be made only if You and the Owner were not competent to make a claim.
2. Provide proof of loss requirements at a reasonable frequency required by Us.
3. Fully cooperate with Us concerning all matters relating to this policy and any claims filed under the policy.

We will:

1. Promptly notify You and the Owner (if You are not the Owner) if any additional proof of loss requirements are necessary before a claim determination can be made.
2. Pay the benefit as outlined by the policy provisions, subject to the proof of loss requirements.
3. Promptly notify You and the Owner (if You are not the Owner) if benefits are not payable and why.

We must be provided with satisfactory written proof of loss. This is information that We deem necessary to determine whether benefits are payable and the amount of benefits payable. If the proof of loss requirements We request are not received, the claim will be denied. Proof of loss requirements include but are not limited to:

1. Any requested claim form including claim forms from You and Your Doctor(s) or the correspondence described above;
2. Documentation demonstrating You are under Regular Care By A Doctor;
3. Documentation of objective medical evidence of Your Injury or Sickness;
4. Copies of medical records, test results and/or Doctor's notes;
5. Financial documents, which may include copies of federal income tax returns, Certified Public Accountant's statements, billing/expense information, bank statements, cancelled checks, IRS authorization, or other documents We deem necessary;
6. Examination(s) of financial records performed by Us or an independent financial examiner hired by Us;
7. Employer/employment information;

8. Independent Medical Examination(s). (See Independent Medical Examination provision below);

9. Personal interview(s) with a company representative, which may be recorded and/or videotaped;

10. An examination or sworn statement under oath;

11. Other proof of loss requirements We deem necessary.

Any costs involved in submission of proof of loss requirements are Your responsibility to pay, except for costs incurred by Us in numbers 4, 6, 8, 9, and 10 above.

INDEPENDENT MEDICAL EXAMINATION

We have the right to require medical examinations, functional capacity evaluations and/or psychiatric examinations in the evaluation of what benefits, if any, are payable. The examinations may include x-rays, blood and urine tests, psychological tests, and other tests or procedures that We deem reasonable to evaluate whether You continue to meet the definition of Disability. The examinations will be performed by a doctor or specialist We deem appropriate for the condition and will be conducted at the time, place, frequency, and under the conditions We reasonably require, while You claim to be Disabled. We reserve the right to choose the examiners. The examinations will be paid for by Us. Benefits will be denied or may be suspended if You fail to undergo an examination, or if you fail to cooperate with the person conducting the examination. Benefits may be resumed, if the required examination occurs within a reasonable time and benefits are payable.

CONTINUING BENEFITS

Continuing benefits are subject to the proof of loss requirements in this section. If continuing proof of loss requirements are not received by Us, further benefits will be denied.

PAYMENT OF A CLAIM

If it is determined that 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 in this section).

4. Pay any unpaid benefits due when Your Disability ends.

5. Pay benefits to the Benefit Recipient unless otherwise indicated in the policy or any attached riders.

6. If during a Disability, You are determined to not be competent, or upon Your death, We may pay up to $5,000.00 in any due and unpaid benefits to:

    a. Your surviving spouse; if none, then
    b. Equally to Your surviving natural and adopted children; if none, then
    c. Equally to Your surviving parent(s); if none, then
    d. Your estate.

    If We pay this amount in good faith, We will not be liable to anyone else for the amount We paid. In order for Us to continue paying benefits beyond $5,000.00, We will require proof of a durable power of attorney or the appointment of a conservator.

If we pay benefits more than 30 days after we receive satisfactory proof of loss, the delayed payment shall be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of the satisfactory proof of loss and ending on the day the benefit is paid.

OVERPAYMENT OF BENEFITS

If an overpayment of benefits should occur, We have the right to either recoup the overpayment from future claim benefits from this policy or any attached riders, including the Death Benefit rider if attached to this policy, 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 Benefit Recipient unless premiums are remitted by Your employer. In this case, all premium refunds will be paid to Your employer.

REFUND AFTER DEATH

We will refund any full month's premium paid for coverage beyond the date of Your death. We must be given written proof, satisfactory to Us, of Your death. The premium refund will be paid as specified in the Refund of Premiums provision. If there is no Benefit Recipient or employer who remitted premiums, then We will refund any premium to the Owner if the Owner is not You. Otherwise the premium will be refunded to:

1. Your surviving spouse; if none, then
2. Equally to Your surviving natural and adopted children; if none, then
3. Equally to Your surviving parent(s); if none, then
4. Your estate.

TERMINATION

This policy terminates on the earliest of the following:

1. Your Policy Termination Date on Your most current Data Page unless renewed under the Conditional Renewal section of this policy; 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.

If this policy terminates due to Our receipt of the Owner's written request to terminate it, We will refund the pro rata portion of any premium paid beyond the effective date of the termination.

REINSTATEMENT

With Our approval, this policy may be reinstated anytime within one year after termination. We may require an application and evidence of insurability under Our then current underwriting guidelines.

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 on or after the date reinstatement takes effect; or

2. An Injury which occurs on or 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 OR WORKING IN AN ACTIVE MILITARY ZONE

Upon written request to Us or Our authorized agent, this policy may be suspended while You are on active duty in the military service of any nation or international authority, or in a reserve component of the armed forces of the United States. Coverage may be suspended on the earlier of the date We receive Your written request, or the date Your active duty begins (or a later date if requested by You). Active duty does not include training by reservists that lasts 90 days or less. If You choose not to exercise this option when active duty begins, You can suspend coverage as of the date You are deployed outside the United States or Canada.

You will have no coverage under this policy during the period of suspension, and no premiums will be due. Disabilities that occur while this policy is suspended 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 suspension 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 of termination of the period of active duty, or deployment outside the United States or Canada, based on Your request.

Your coverage will start again as of the latest of:

1. The date Your deployment outside the United States or Canada ends; or

2. The date You request; or

3. The date We receive Your written request, subject to receipt of the request and payment of the required premiums to restore the policy within 180 days of the end of Your active duty.

Only a Disability from a Sickness which first manifests itself or an Injury which occurs on or 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.

In calculating the completion of the Elimination Period for an Injury or Sickness that did not arise during a period of active duty, the Elimination Period is the same number of days that would have applied before coverage suspension took effect and may be consecutive or may be interrupted by the period of suspension.

6. [SUSPENSION DURING A PANDEMIC

Upon written request to Us or Our authorized agent, this policy may be suspended while You are unemployed due to a pandemic as declared by Centers for Disease Control and Prevention or World Health Organization and declared a national emergency in the United States or if the Secretary of Health and Human Services declares a Public Health Emergency. The suspension will be for [90]6a. days or until You request whichever is less. You may suspend Your policy one time during a [12-month] 6b. Period. You will have no coverage under this policy during the period of suspension, and no premiums will be due. Disabilities that occur while this policy is suspended are not covered. We will refund the pro rata portion of any premium paid for a period beyond the date of suspension.

Prior to the completion of the [90]6a. days the suspended policy may be restored without proof of insurability by notifying Us and payment of premiums is resumed. The suspension of this policy will also end in the event of the Insured's death.

Your coverage will start again, subject to payment of required premiums to restore the policy, as of the later of either the date We receive the written request, or the date the suspension time is completed. 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 Policy Termination Date listed on Your most current Data Page 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 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.

5. We receive the Owner's renewal request in writing by the Policy Termination Date listed on Your most current Data Page 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 any time 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.

Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, paid family and medical leave for the care of a qualified family member or an approved FMLA leave of absence for the care of a qualified family member is considered Working provided You are able and available for active performance of all Your regular duties and were Working the day immediately prior to the date of Your absence.

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

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; and

4. Any other riders, including exclusion or modified coverage riders, will be renewed and remain a part of this policy.

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. Benefit decreases or removal of benefit riders do not require any evidence of insurability. Evidence of insurability requirements for exercising adjustment options within a benefit rider are found within the benefit rider itself. Other adjustments, such as increases to base or rider benefits, additions of benefit riders, removal of underwriting exclusion or limitation riders, or any other adjustments, may be subject to full medical and financial underwriting. 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.

No adjustment, requiring an application, may be requested if You reside outside of the United States, the 50 states and the District of Columbia.

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.

ELIGIBILITY

Your eligibility for this policy on the Policy Date is conditioned upon Your acceptance of this policy and payment of the first full premium. After the Policy Date, Your eligibility is conditioned upon Your payment of premium by the end of each grace period. Eligibility to receive benefits is subject to all other requirements under this policy.

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.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the IIPRC standards. Any provision of this policy that on the provision's effective date is in conflict with IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the provision's effective date.

TIME LIMIT ON CERTAIN DEFENSES

In issuing the coverage(s) under this policy and any attached riders, We have relied on the statements and representations on the application. We have the right to void the coverage(s) due to a material misstatement in the application. However, after two years from the effective date of coverage(s), no material misstatements, except fraudulent statements made by You or the Owner in an application will be used to void the coverage(s).

Applications include but are not limited to: 1) the initial application(s) and 2) any applications for reinstatement, increase option rider(s), and/or any underwritten adjustment.

No claim for Disability or loss covered by this policy or any attached riders starting after two years from the date coverage has been in effect will be reduced or denied because a Sickness or Injury existed before the effective date of coverage(s) unless the condition is excluded by name or description. Sickness or Injury fully disclosed on the application(s) will be covered, unless excluded by name or description.

FRAUD

Upon a judicial decision in a civil or criminal court that You and/or the Owner have committed fraud in obtaining this policy, We may void this policy. Upon a judicial decision in a civil or criminal court that You and/or the Owner have committed fraud in filing a claim under this policy, We may void the claim. The ability to void the policy and/or the claim pursuant to this provision is not dependent on or limited by any of the terms set forth in the Time Limit on Certain Defenses provision, nor does this provision restrict, limit, or impose any additional conditions on the ability to exercise any of the rights set forth in the Time Limit on Certain Defenses provision.

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 BENEFIT RECIPIENT

The Owner may name a new Owner or Benefit Recipient 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.

If this policy is owned by a corporation and the Insured leaves the company, ownership will transfer to the Insured on termination of employment.

ASSIGNMENT

You may assign Your rights under this policy by giving Us written notice. We are not bound by an assignment until received in a written form acceptable to Us at Our Home Office. The assignment will take effect on the date the written notice is signed, unless otherwise specified by the Owner, subject to any payments made or action by Us before We receive the written notice of such assignment. We assume no responsibility for any assignment's validity. An assignment does not change the ownership of this policy.

DATA PAGE

Disability Income Insurance

POLICY INFORMATION

Policy Number:	[10000123] **1.**
Owner(s):	[Jane Doe] **2.**
Insured's Name:	[Jane Doe] **3.**
Insured's Age:	[33] **4.**
Policy Date:	[January 1, 2023] **5.**
Policy Termination Date:	Your Age [65] Policy Anniversary **6.**
[Adjustment Date:	January 1, 2024] **7.**

	Elimination Period 8.	**Maximum Monthly Benefit 9.**
Disability Benefit	After [90 days]	[$1,000]

Maximum Benefit Period [To Age 65 Policy Anniversary*] **10.**

***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 in the Conditional Renewal section of the policy.

[If this policy is renewed as described in the Conditional Renewal section, the Maximum Benefit Period is 2 years. **10a**.]

Definition of Disability [You are not Working] or [You are not Working in Your Own Occupation] **11.**

DRAFT

12.[RIDER/ENDORSEMENT INFORMATION

[**Accident Benefit Rider** (ICC22-800-ACC)

Effective Date:	[January 1, 2023]
Accident Benefit Elimination Period:	0 days
Benefit Amount for Level 1:	$[1,000]
Benefit Amount for Level 2:	$[2,000]
Benefit Amount for Level 3:	$[3,000]]

[**Annual Increase Rider** (ICC22-800-AIR)

Effective Date:	[January 1, 2023]
Option Date:	[January 1]
Increase Factor:	[3]% rounded up to next $5 increment
Termination Date:	[January 1, 2043]]

[**Benefit Update Rider** (ICC22-800-BU)

Effective Date:	[January 1, 2023]
Option Date:	[January 1]]

[**Capital Sum Rider** (ICC22-800-CS)

Effective Date:	[January 1, 2023]
Benefit Amount:	$[12,000]]

[**Catastrophic Disability Benefit Rider**
(ICC22-800-CDB)

Effective Date:	[January 1, 2023]
CDB Benefit Amount:	$[1,000]
CDB Elimination Period:	[90] days]

[**Conditionally Renewable Policy Endorsement**
(ICC22-800-CRP)

Effective Date:	[January 1, 2023]]

[**Cost of Living Adjustment Rider**
(ICC22-800-COLA)

Effective Date:	[January 1, 2023]
Percent of increase:	[3]%]

[**Death Benefit Rider** (ICC22-800-DB)

Effective Date:	[January 1, 2023]
Benefit Amount:	$[3,000]]

[**DI Retirement Security Rider**
(ICC22-800-DIRS)

Effective Date:	[January 1, 2023]
DIRS Benefit Amount:	$[1,000]
DIRS Elimination Period:	[180] days

[**DI Retirement Security Endorsement**
(ICC22-800-DIRSE)

Effective Date:	[January 1, 2023]]

[**Employer Sponsorship Rider**
(ICC22-800-ESR)
Effective Date: [January 1, 2023]]

[**Limitation of Benefits for Mental Nervous Substance Abuse Disorders Rider**
(ICC22-800-MNSA)
Effective Date: [January 1, 2023]]

[**Maximize Your Benefit Rider**
(ICC22-800-MYB)
Effective Date: [January 1, 2023]
Termination Date: [January 1, 2043]]

[**Presumptive Disability Benefit Rider**
(ICC22-800-PDB)
Effective Date: [January 1, 2023]
Benefit Period: Maximum Benefit Period]

[**Presumptive Disability Lifetime Benefit Rider**
(ICC22-800-PDBL)
Effective Date: [January 1, 2023]
Benefit Period: Lifetime]

[**Residual Disability Benefit Rider**
(ICC22-800-RDB)
Effective Date: [January 1, 2023]]

[**Residual Disability and Recovery Benefit Rider** (ICC22-800-RDRB)
Effective Date: [January 1, 2023]]

[**Short Term Residual Disability Benefit Rider**
(ICC22-800-STRD)
Effective Date: [January 1, 2023]
Benefit Period [12] months]]

[**Supplemental Health Benefit Rider**
(ICC22-800-SHB)
Effective Date: [January 1, 2023]
Benefit Amount $[6,000]]

[**Disability Income Policy Exclusion Rider**
(ICC22-800-EXCL)
Effective Date: [January 1, 2023]

This rider excludes coverage for certain causes or conditions. See the rider attached to the policy.]

[**Disability Income Policy Limitation Rider**
(ICC22-800-LIMIT)
Effective Date: [January 1, 2023]
This rider changes the Elimination Period and/or the Maximum Benefit Period for certain causes or conditions. See the rider attached to the policy.**]**

[**Foreign Travel Exclusion Rider**
(ICC22-800-FTER)
Effective Date: [January 1, 2023]
This rider excludes coverage for Injury or Sickness beginning in specified geographic locations. See the rider attached to the policy.]

PREMIUM INFORMATION

POLICY

Disability Benefit:	[$340.42] **13.**
[True Own Occupation: Total Disability While Working In Your Own Occupation	$35.99] **13.5**
[Additional Premium:	$0.00
Additional Rider Premium:	$0.00] **14.**

15. [RIDERS/ENDORSEMENTS	
[Accident Benefit Rider	$109.29]
[Annual Increase Rider	$0.00]
[Benefit Update Rider	$0.00]
[Capital Sum Rider	$2.89]
[Catastrophic Disability Benefit Rider	$51.95]
[Conditionally Renewable Policy Endorsement	$0.00]
[Cost of Living Adjustment Rider	$86.19]
[Death Benefit Rider	$2.89]
[DI Retirement Security Rider	$30.00]
[DI Retirement Security Endorsement	$0.00]
[Employer Sponsorship Rider	$0.00]
[Limitation of Benefits for Mental Nervous Substance Abuse Disorders Rider	$0.00]
[Maximize Your Benefit Rider	$0.00]
[Presumptive Disability Benefit Rider	$0.00]
[Presumptive Disability Benefit Lifetime Rider	$6.13]
[Residual Disability Benefit Rider	$0.00]
[Residual Disability and Recovery Benefit Rider	$59.44]
[Short Term Residual Disability Benefit Rider	$0.00]
[Supplemental Health Benefit Rider	$9.70]
[Disability Income Policy Exclusion Rider	$0.00]
[Disability Income Policy Limitation Rider	$0.00]
[Foreign Travel Exclusion Rider	$0.00]

[Total Annual Premium: **[$704.89]]16.**
[Total Annual Premium Before Discount: **[$704.89]**

[Multi-Life Discount – [20]%
[Mental/Nervous Limitation Discount – [10]%
[Total Discount – [30]% [$211.47]]17
Total Annual Premium After Discount: **[$493.42]]18.**

Modal Premiums [After Discount(s)]19.

Mode	Premium
Annual	**$493.42**
Semi-Annual	**$246.71**
Quarterly	**$123.36**
Monthly	**$41.12**

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: [December 1, 2023] **20.**

RESIDUAL DISABILITY AND 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 current Data Page.

RESIDUAL DISABILITY 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 average Consumer Price Index for all Urban Consumers (CPI-U) published by the United States Department of Labor. If the CPI-U is discontinued, delayed, or not otherwise available, we will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.

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.

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 monthly average Earnings during the two consecutive calendar years with the highest Earnings in the three calendar years prior to the claimed date of disability. 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.

RESIDUAL DISABILITY -- means:

1. During Your Elimination Period:
   a) You are not Totally Disabled; and
   b) You are Working in Your Own Occupation or another occupation; and
   c) Solely due to Injury or Sickness:
      I. You are able to perform some, but not all, of the Substantial and Material Duties of Your Own Occupation; or
      II. You are unable to Work Full Time in Your Own Occupation; or
      III. You have a Loss of Earnings greater than or equal to 15%.
2. After Your Elimination Period:
   a) You are not Totally Disabled; and
   b) You are Working in Your Own Occupation or another occupation; and
   c) Solely due to Injury or Sickness You have a Loss of Earnings greater than or equal to 15%, and one of the following apply:

I. You are able to perform some, but not all, of the Substantial and Material Duties of Your Own Occupation; or
II. You are unable to Work Full Time in Your Own Occupation.

3. You satisfy the requirements of the Claim Information section of the policy.

If You are Retired, Residual Disability means, solely due to 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, solely due to Injury or Sickness, Your ability to obtain a job that You are reasonably suited for by education, training and experience is restricted.

While You are Working during a period of Residual Disability, You must Work to the full capacity allowed medically and vocationally in that occupation by Your Injury or Sickness. If You choose not to Work to full capacity, benefits will be paid as if You are Working at full capacity in that occupation.

If You are not Totally Disabled and You choose not to Work, even though You are able to Work at any occupation for which You are reasonably suited by education, training and experience, benefits will be paid as if You are Working at full capacity in that occupation.

RESIDUAL DISABILITY BENEFITS

We will pay a percentage of the Maximum Monthly Benefit under the Disability Benefit section of the policy for Residual 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 Disability Benefit section's Elimination Period. Benefits for Residual Disability are payable to the end of the Maximum Benefit Period.

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.

For Residual Disability, the monthly amount We will pay is:

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

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

For the first 12 months of a Residual Disability following the Elimination Period, the percentage paid will not be less than 50%.

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

RECOVERY BENEFIT DEFINITIONS

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

RECOVERY LOSS OF EARNINGS -- means Your Recovery Prior Earnings minus Your Recovery Current Earnings for the months after You return to Full Time Work. 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 review and adjust Your Loss of Earnings and benefit payments to take into account fluctuations in Earnings.

RECOVERY PRIOR EARNINGS -- means Your monthly average Earnings during the two consecutive calendar years with the highest Earnings in the three calendar years 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 of the policy; and
4. You have a Recovery Loss of Earnings equal to or greater than 20% of Your Recovery Prior Earnings; and
5. It can be validated that Your Recovery Loss of Earnings is directly and solely due to the prior Injury or Sickness that caused Disability; and
6. You satisfy the requirements of the Claim Information section of the policy.

If You were Retired or Unemployed prior to Disability, no Recovery Benefits will be payable.

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 Recovery Prior Earnings and Recovery 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 Recovery Current Earnings. If Residual Disability Benefits were payable just prior to Your eligibility to the Recovery Benefit, then the same accounting method that was used to calculate the Residual Disability Benefit will be used to calculate the Recovery Benefit.

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:

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

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 Recovery Benefits are payable under this rider. There will be no Indexing of Recovery Prior Earnings while Recovery Benefits are payable under this rider.

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

Recovery Benefits end when You no longer have a Recovery Loss of Earnings greater than 20% for any two consecutive months.

Recovery Benefits may not be paid beyond the policy Maximum Benefit Period.

TERMINATION

This rider terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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.

Executive Vice President,
General Counsel and Secretary

Chairman, President and
Chief Executive Officer

Principal Life Insurance Company
[711 High Street
Des Moines, IA 50392-0001]

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 current Data Page.

RESIDUAL DISABILITY 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 average Consumer Price Index for all Urban Consumers (CPI-U) published by the United States Department of Labor. If the CPI-U is discontinued, delayed, or not otherwise available, we will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.

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.

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 monthly average Earnings during the two consecutive calendar years with the highest Earnings in the three calendar years prior to the claimed date of disability. 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.

RESIDUAL DISABILITY -- means:

1. During Your Elimination Period:
   a) You are not Totally Disabled; and
   b) You are Working in Your Own Occupation or another occupation; and
   c) Solely due to Injury or Sickness:
      I. You are able to perform some, but not all, of the Substantial and Material Duties of Your Own Occupation; or
      II. You are unable to Work Full Time in Your Own Occupation; or
      III. You have a Loss of Earnings greater than or equal to 15%.
2. After Your Elimination Period:
   a) You are not Totally Disabled; and
   b) You are Working in Your Own Occupation or another occupation; and
   c) Solely due to Injury or Sickness You have a Loss of Earnings greater than or equal to 15%, and one of the following apply:

I. You are able to perform some, but not all, of the Substantial and Material Duties of Your Own Occupation; or
II. You are unable to Work Full Time in Your Own Occupation.

3. You satisfy the requirements of the Claim Information section of the policy.

If You are Retired, Residual Disability means, solely due to 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, solely due to Injury or Sickness, Your ability to obtain a job that You are reasonably suited for by education, training and experience is restricted.

While You are Working during a period of Residual Disability, You must Work to the full capacity allowed medically and vocationally in that occupation by Your Injury or Sickness. If You choose not to Work to full capacity, benefits will be paid as if You are Working at full capacity in that occupation.

If You are not Totally Disabled and You choose not to Work, even though You are able to Work at any occupation for which You are reasonably suited by education, training and experience, benefits will be paid as if You are Working at full capacity in that occupation.

RESIDUAL DISABILITY BENEFITS

We will pay a percentage of the Maximum Monthly Benefit under the Disability Benefit section of the policy for Residual 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 Disability Benefit section's Elimination Period. Benefits for Residual Disability are payable to the end of the Maximum Benefit Period.

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.

For Residual Disability, the monthly amount We will pay is:

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

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

For the first 12 months of a Residual Disability following the Elimination Period, the percentage paid will not be less than 50%.

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

TERMINATION

This rider terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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.



Principal Life Insurance Company
[711 High Street
Des Moines, IA 50392-0001]

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

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

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 monthly average Earnings during the two consecutive calendar years with the highest Earnings in the three calendar years prior to the claimed date of disability. If a new Elimination Period is required because of a new Disability, Your Prior Earnings will again be determined for the new Disability.

RESIDUAL DISABILITY -- means:

1. During Your Elimination Period:
    a) You are not Totally Disabled; and
    b) You are Working in Your Own Occupation or another occupation; and
    c) Solely due to Injury or Sickness:
        i. You are able to perform some, but not all, of the Substantial and Material Duties of Your Own Occupation; or
        ii. You are unable to Work Full Time in Your Own Occupation; or
        iii. You have a Loss of Earnings greater than or equal to 15%.
2. After Your Elimination Period:
    a) You are not Totally Disabled; and
    b) You are Working in Your Own Occupation or another occupation; and
    c) Solely due to Injury or Sickness You have a Loss of Earnings greater than or equal to 15%, and one of the following apply:
        i. You are able to perform some, but not all, of the Substantial and Material Duties of Your Own Occupation; or
        ii. You are unable to Work Full Time in Your Own Occupation.
3. You satisfy the requirements of the Claim Information section of the policy.

If You are Retired, Residual Disability means, solely due to 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, solely due to Injury or Sickness, Your ability to obtain a job that You are reasonably suited for by education, training and experience is restricted.

While You are Working during a period of Residual Disability, You must Work to the full capacity allowed medically and vocationally in that occupation by Your Injury or Sickness. If You choose not to Work to full capacity, benefits will be paid as if You are Working at full capacity in that occupation.

If You are not Totally Disabled and You choose not to Work, even though You are able to Work at any occupation for which You are reasonably suited by education, training and experience, benefits will be paid as if You are Working at full capacity in that occupation.

BENEFITS FOR RESIDUAL DISABILITY

We will pay a percentage of the Maximum Monthly Benefit under the Disability Benefit section of the policy for Residual Disability that begins on or after the effective date of this rider and while the policy and this rider is in force and subject to the policy and rider provisions. Benefits start to accrue at the end of the Disability Benefit section's Elimination Period. Benefits for Residual Disability are payable to the end of the Short Term Residual Disability Benefit Period shown on the Data Page but not beyond the Maximum Benefit Period.

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.

For Residual Disability, the monthly amount We will pay is:

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

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 earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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.

Executive Vice President,
General Counsel and Secretary

Chairman, President and
Chief Executive Officer

Principal Life Insurance Company
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LIMITATION OF BENEFITS FOR MENTAL/NERVOUS/SUBSTANCE ABUSE DISORDERS RIDER

This rider is part of the policy and is subject to the applicable law in the state in which the policy is delivered or issued for delivery. 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 nurses.

In no event will Hospital include any institution:

1. Which is operated as a rest, nursing, or 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, rehabilitative 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 (APA). If the DSM is discontinued or replaced by the APA, Mental/Nervous/Substance Abuse Disorder will mean any disease or disorder classified in the diagnostic manual in use by the APA as of the date Disability begins. If the APA no longer publishes a diagnostic manual or the APA ceases to exist, We may substitute a comparable diagnostic manual subject to prior approval by the Interstate Insurance Product Regulation Commission. These Disorders are considered Sicknesses for purposes of the policy.

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 the Disability Benefit section of the policy and any rider that provides a monthly benefit.

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 a total of 24 months [during Your entire lifetime][for each Continuous Disability].[1.] 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 shown 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.

If a Continuous Disability for a Substance Abuse Disability is paid for a total of 24 months and You have a Disability due to a Mental/Nervous condition other than a Substance Abuse Disability, we may pay up to a total of 12 months for the other Mental/Nervous condition [during Your entire lifetime] [for each Continuous Disability]. [1.]

TERMINATION

This rider terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; or
2. 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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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 average Consumer Price Index for all Urban Consumers (CPI-U) published by the United States Department of Labor. If the CPI-U is discontinued, delayed, or not otherwise available, we will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.

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.

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 shown on Your most current 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 of the policy 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 earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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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ANNUAL 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 Your most current Data Page.

DEFINITIONS

DURATION – is the time from Your Option Date to the Termination Date shown on Your most current Data Page.

INCREASE FACTOR - is shown on Your most current Data Page.

OPTION ANNIVERSARY – is the annual anniversary of the Option Date. For example, if the Option Date is June 5, 2022, the Option Anniversary is June 5 of every year thereafter. If the policy is sponsored by an employer, and You leave the company, the Option Anniversary may change to the Policy Anniversary, if different, and We will provide new Data Pages.

OPTION DATE – is shown on Your most current Data Page.

INCREASE OPTION

This rider provides the opportunity to increase the Maximum Monthly Benefit without medical or financial underwriting. Increases are offered on each Option Anniversary during the Duration, subject to the Limitations and Conditions provision of this rider.

Any increase to the Maximum 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.

The increase is determined by multiplying the Maximum Monthly Benefit on the Option Anniversary just prior to the scheduled increase by the 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 Maximum Monthly Benefit is the decreased amount, which is then multiplied by the Increase Factor.

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 and premium will be provided.

LIMITATIONS AND CONDITIONS

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

1. The adjusted Maximum Monthly Benefit applies to new Disabilities which start on or after that Option Anniversary. A Recurring Disability is not a new Disability.
2. Increases will not be offered for any Option Anniversary on which benefits are payable or premiums are waived under the policy or any attached rider.
3. This increase is provided without evidence of insurability but will not exceed increases allowed under Our then current underwriting guidelines.

TERMINATION

This rider terminates, with no further offers available, on the earliest of the following:

1. The Owner rejects any two consecutive automatic increase offers under this rider; or
2. You reach the Termination Date listed on Your most current data page for this rider; or
3. The Owner sends Us a written request to terminate this rider; or
4. The policy, of which this rider is a part, terminates.

REINSTATEMENT

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

If this rider terminates under number 4 in the Termination section above, it will be reinstated subject to Our underwriting guidelines then in effect, assuming the policy is reinstated in accordance with the policy terms for policy reinstatement.



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MAXIMIZE YOUR 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 Your most current Data Page.

This rider provides You the opportunity to increase Your Maximum Monthly Benefit to the maximum allowable based on the information received and Our then current underwriting guidelines, by notifying Us:

1. **During the first [three][1.] years**, from the original effective date of this rider, You are eligible to apply for an increase in Your Maximum Monthly Benefit based on financial underwriting only.

2. **After that time**, the increase in Your Maximum Monthly Benefit will be based on financial underwriting and the following qualifications:

   You are eligible to apply for additional increases to Your policy's Maximum Monthly Benefit if You have experienced one of the following in the last 12 months:

   1. Your current employer has discontinued offering group long term disability insurance or has reduced the benefit amount and does not plan to offer or increase 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 [20][2.]% sustainable increase in Your Earnings; or

   4. You have experienced one of the following life events:

      a. Birth or adoption of a child
      b. Marriage, divorce or death of a spouse

   If You are eligible for an increase in Your Maximum Monthly Benefit, 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.

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 or electronically no later than 30 days after the effective date of the increase or by not paying the increase in premium. New Data Pages reflecting the Adjustment Date and any increase in benefits and premium will be provided.

LIMITATIONS AND CONDITIONS

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

1. The adjusted Maximum Monthly Benefit applies to new Disabilities which start on or after the effective date of the increase. A Recurring Disability is not a new Disability.
2. You are not Disabled or receiving benefits under the policy or any attached rider and premiums are not being waived under the policy or any attached rider at the time of request.
3. This offer is provided without evidence of medical insurability but will not exceed increases allowed under Our then current underwriting guidelines.
4. We will not suspend timing requirements if benefits are payable under the policy or any attached rider, except as provided in the Renewal section of this rider.

[RENEWAL

A renewal anniversary will occur on the tenth year from the effective date of this rider, and We may require an application and evidence which satisfies Us 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.

This rider will be suspended if benefits are payable under the policy or any attached rider 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.**]**[3.]

TERMINATION

This rider terminates, with no further offers available, on the earliest of the following:

1. You reach the Termination date listed on Your most current Data Page for this rider; or
2. Less than **[**50**]**[4.]% of Our offer to increase the Disability Benefit is accepted; or
3. The Owner sends Us a written request to terminate this rider; or
4. The Annual Increase Rider attached to this policy terminates; or
5. The policy, of which this rider is a part, terminates **[**; or
6. Underwriting evidence requested for renewal is not received within 60 days of Our request; or
7. You do not qualify for renewal under this rider's Renewal provision.**]**.[5.]

REINSTATEMENT

If this rider terminates under numbers 1, 2, [or] 3[, or 6] in the Termination section above, the Owner may request reinstatement of this rider subject to Our underwriting guidelines then in effect.

If this rider terminates under number 4 in the Termination section above, the Owner may request reinstatement of this rider as long as the Annual Increase Rider is also on the policy.

If this rider terminates under number 5 in the Termination section above, it will be reinstated subject to Our underwriting guidelines then in effect, assuming the policy is reinstated in accordance with the policy terms for policy reinstatement.



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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 review two times 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 January 15, 2022, the Option Anniversary is January 15 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 shown on the current Data Page. We will require an application and other evidence which satisfies Us 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. Our offer will be to adjust the Disability Benefit to the maximum allowable based on the information received and Our then current issue and participation underwriting guidelines.

BENEFIT UPDATE ADJUSTMENT -- ADVANCE OPTION

In the event You experience one of the changes listed below, You may elect to have the Disability Benefit reviewed at that time.

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][1.] 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][1.] months from the date Your employment starts; or
3. You have had at least a [10]%[2.] increase in Your Earnings since the last adjustment to increase the Disability Benefit.; or
4. You have experienced one of the following life events since Your last update under this rider:
    a) Primary home purchase
    b) Birth or adoption of a child
    c) Marriage or divorce

In order to request an Advance Option review, You must 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 the change 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][3.].

The amount of the Advance Option accepted has no effect on the Benefit Update Rider.

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 of this rider. 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 applies 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 to the Disability 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, on the earliest of the following:

1. Underwriting evidence We require is not received within 30 days of Our request; or
2. Less than 50% of Our offer on every third-year Option Anniversary to increase the Disability Benefit is accepted; or
3. A decrease in the Disability 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][3.] Option Anniversary (except We will make one review, excluding the Advance Option, for any Benefit Update rider issued on or after age [52][3.]); or
6. The policy, of which this rider is a part, terminates.

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

REINSTATEMENT

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

If this rider terminates under number 6 in the Termination section above, it may later be reinstated subject to Our underwriting guidelines then in effect, assuming the policy is reinstated in accordance with the policy terms for policy reinstatement.



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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.

Catastrophic Disability benefits shall not directly or indirectly provide any coverage for long term care services.

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 including the task of getting into or out of the tub or shower.

Continence – which means the ability to maintain control of 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, fasteners 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/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:

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 the same as the Maximum Benefit Period shown on the Data Page.

COGNITIVELY IMPAIRED – means a loss or impairment to short term or long term memory, or orientation as to people, places or time, or deductive or abstract reasoning, or judgment, which puts Your or others' safety at risk. This loss or deterioration must be substantiated by:

1. Documented clinical evidence of an Injury or Sickness; and
2. Tests approved by Us that reliably document the severe impairment.

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.

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

To be considered Catastrophically Disabled, You must provide notice of claim and proof of loss as described in the Claim Information section of the policy. 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".

1. [MAXIMIZE YOUR BENEFIT RIDER

If this rider is a part of Your Policy, and You request to increase coverage, We may also include an offer to increase the Catastrophic Disability Benefit Rider.

The offer will be the maximum allowable benefit based on your 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 Maximize Your Benefit Rider.

The new premium amount for the Catastrophic Disability Benefit resulting from a Maximize Your Benefit 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 offer is made or by not paying the increase in premium.

The adjusted Catastrophic Disability Benefit applies to new Catastrophic Disabilities which start on or after the Maximize Your Benefit adjustment date. A Recurring Catastrophic Disability is not a new Catastrophic Disability.

Any adjustment will change the information on the policy's Data Pages and new Data Pages will be provided.]

2. [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. The offer will be the maximum allowable benefit based on your increased Disability Benefit and Our then current issue and participation 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 Option 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 to the Catastrophic Disability 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.]

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".

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".

TERMINATION

This rider terminates on the earliest of the following:

1 The Policy Termination Date listed on Your most current Data Page; 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.



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 Policy Termination Date on Your most current Data Page, 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:

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.

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 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.

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 Your most current Data Page.

TERMINATION

This rider terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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 remain 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.



Executive Vice President,
General Counsel and Secretary



Chairman, President and
Chief Executive Officer

Principal Life Insurance Company
[711 High Street
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PRESUMPTIVE DISABILITY BENEFIT LIFETIME 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 Policy Termination Date on Your most current Data Page, 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:

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.

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 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 Your most current 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 (the duration of Your life) for benefits payable under the Disability Benefit section of the policy.

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 Your most current Data Page.

TERMINATION

This rider terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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 remain 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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DI RETIREMENT SECURITY RIDER

This rider is part of the policy and provides benefits for a Total Disability only. 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

DIRS ELIMINATION PERIOD – means the number of days from the start of a Total Disability for which no benefits under this rider will be paid. The DIRS Elimination Period is shown on the Data Page.

DIRS MAXIMUM BENEFIT PERIOD – starts after satisfaction of the DIRS Elimination Period and is the longest time for which benefits under this rider will be paid. The DIRS Maximum Benefit Period is the same as the Maximum Benefit Period shown on the Data Page.

TOTAL DISABILITY – means solely due to Injury or Sickness:

1. You are unable to perform the Substantial and Material Duties of Your Own Occupation; and
2. You are not Working; and
3. You satisfy the requirements of the Claim Information section of this policy.

If You are Retired, Total Disability means, solely due to Injury or Sickness, You are unable to perform any of the normal activities of a retired person in good health and of like age and You satisfy the requirements of the Claim Information section of this policy. If You are Unemployed, Total Disability means, solely due to Injury or Sickness, You are prevented from obtaining a job that You are reasonably suited to by Your education, training and experience and You satisfy the requirements of the Claim Information section of this policy.

This rider does not provide benefits if You are Retired or Unemployed.

TRUST – means the account established by the Insured at the time of eligibility for benefits into which all benefits will be paid.

TRUSTEE – the Trustee is currently Bankers Trust Company, an Iowa based bank with headquarters located at 665 Locust Street, Des Moines, Iowa 50309 and is responsible for the Trust administration. If a successor Trustee is required, one will be named by Us.

BENEFIT

DI Retirement Security (DIRS) is meant to replace only that portion of Your income which would have otherwise been invested for retirement savings.

We will pay the DIRS benefit for Your Continuous 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 DIRS Elimination Period. Benefits will continue during Your Disability but not beyond the DIRS Maximum Benefit Period.

The DIRS rider is in addition to any other benefit provided by the policy or any other attached rider. This rider pays the benefit amount shown on the current Data Page.

The Change of Owner or Benefit Recipient and Assignment provisions under Your policy will not apply to any benefits provided by this rider.

No riders attached to this policy apply to this benefit unless noted below.

Total Disability benefits will be paid directly to the Trust.

BENEFIT PAYOUT

This rider provides a Monthly Benefit for Your Total Disability if You become Totally Disabled while this rider is in force. Monthly benefits will be paid directly to the Trust.

OTHER BENEFITS

The following riders also apply to this benefit:

COST OF LIVING ADJUSTMENT

If the Cost Of Living Adjustment Rider is part of this policy, all of the provisions of that rider will also apply to the DIRS benefit, and the terms as used in the Cost Of Living Adjustment Rider are amended as follows for the DIRS benefit payout:

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

[AUTOMATIC INCREASE RIDER

If the Automatic Increase Rider is part of this policy, all of the provisions of that rider will also apply to the DIRS benefit and We will include an offer to increase your DIRS benefit.

The new premium amount for this rider resulting from an Automatic Increase Rider 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 effective date or by not paying the increase in premium.

An Automatic Increase Rider adjustment to the DIRS Rider benefit resulting from Our offer will be effective, subject to the Owner accepting Our offer, on 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.

The adjusted DIRS benefit applies to new Disabilities which start on or after the adjustment date. A Recurring Disability is not a new Disability.**]** [1.]

EXCLUSIONS AND LIMITATIONS

There may be other exclusion or limitation riders or endorsements, including the Limitation of Mental/Nervous/Substance Abuse Disorders Rider, attached to and a part of this policy, which will apply to this rider.

TERMINATION

This rider terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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.



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DI RETIREMENT SECURITY POLICY 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 following paragraphs on the policy cover page are removed:

DISABILITY INCOME POLICY

NON-CANCELLABLE AND GUARANTEED RENEWABLE AT GUARANTEED PREMIUM RATES TO THE POLICY TERMINATION DATE ON YOUR MOST CURRENT DATA PAGE. CONDITIONALLY RENEWABLE THEREAFTER ON 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 Policy Termination Date on Your most current Data Page 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 Policy Termination Date on Your most current Data Page.

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

DI RETIREMENT SECURITY POLICY

NON-CANCELLABLE AND GUARANTEED RENEWABLE AT GUARANTEED PREMIUM RATES TO THE POLICY TERMINATION DATE ON YOUR MOST CURRENT DATA PAGE. 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 Policy Termination Date on Your most current Data Page as long as premiums are paid when due. While this policy is in force, We cannot:

1. Cancel it; or
2. Change the premium rate before the Policy Termination Date on Your most current Data Page.

The following definitions are added to the Policy Definitions section of the policy:

POLICY DEFINITIONS

TRUST – means the account established by the Insured at the time of eligibility for benefits into which all benefits will be paid.

TRUSTEE – the Trustee is currently Bankers Trust Company, an Iowa based bank with headquarters located at 665 Locust Street, Des Moines, Iowa 50309 and is responsible for the Trust administration. If a successor Trustee is required, one will be named by Us.

The **CONDITIONAL RENEWAL** section in the policy is deleted in its entirety.

The following provisions in the policy are deleted in their entirety:

1. **CHANGE OF OWNER OR BENEFIT RECIPIENT**
2. **ASSIGNMENT**

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

TERMINATION

This policy terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; or
2. Our receipt of the Owner's written or verbal 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.

If this policy terminates due to Our receipt of the Owner's written request to terminate it, We will refund the pro rata portion of any premium paid beyond the effective date of the termination.



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ACCIDENT 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 Accident Benefit if you have a Covered Accident.

This benefit is in addition to any other benefit provided by the policy or any other attached riders. In order for this benefit to be paid the policy and this rider must be in force.

DEFINITIONS

Accident - An act, event or occurrence that is not reasonably foreseeable, or that could not have been expected or anticipated.

Accident Benefit – Amount shown on Your most current Data Page

Covered Accident **-** An Accident that:

1. Happens while the policy and this rider are in force; and
2. Results in an Injury; and
3. Is the direct and sole cause of the Covered Injury; and
4. Is not otherwise excluded under the terms of this rider or the policy; and
5. The Insured must meet the terms and conditions for Benefit Payout as listed below.

Covered Injury(ies) – A bodily Injury resulting directly from a Covered Accident and must be:

1. Wholly independent of sickness, disease, bodily infirmity or other causes; and
2. Diagnosed or treated by a Doctor according to the Benefit Payout section of this rider and
3. Meet the definition of Disability for this rider.

Diagnosed or Diagnosis **-** A definitive identification of the Covered Injury made by a Doctor and supported by documentation including physical examination, diagnostic evaluations, and/or clinical or laboratory investigations.

Disability – Due to a Covered Injury, You are unable to perform one or more of the Substantial and Material Duties of Your Own Occupation or experience a loss of time at work within 30 days of the Covered Injury.

BENEFIT PAYOUT

Benefits will be paid out in a lump sum payment displayed on Your most current Data Page based on the levels listed below. If a Covered Accident results in multiple Covered Injuries We will pay based on the most severe Covered Injury. If a Covered Injury does not initially result in surgery but surgical repair is performed within 365 days of the Covered Injury, then the difference in benefit will be paid as long as the policy and this rider are in force.

Level	Covered Injuries	Diagnosed or treated
1	Injuries that **do not require** surgery o **Dislocation or fractures of:** Spine / Arm Hip / Elbow Leg / Wrist Knee / Hand (excluding fingers) Ankle / Collarbone Foot (excluding toes) / Sternum Shoulder / Pelvis Ribs / Coccyx o **Articular cartilage injury** o **Moderate (2nd degree) strain of ligament(s) or tendon(s)** **2nd degree burns over 25% or greater of the body**	Within 14 days of Covered Accident
Level	**Covered Injuries**	**Diagnosed or treated**
2	Injuries that do **require** surgery o **Dislocation or fractures of:** Spine / Arm Hip / Elbow Leg / Wrist Knee / Hand (excluding fingers) Ankle / Collarbone Foot (excluding toes) / Sternum Shoulder / Pelvis Ribs / Coccyx o **Ruptured disc** o **Articular cartilage injury** o **Moderate (2nd degree or greater) strain of ligament(s) or tendon(s)** **3rd degree burns over 25% or greater of the body**	Within 7 days of Covered Accident
Level	**Covered Injuries**	**Diagnosed or treated**
3	**4th degree burns and greater** **Internal injuries** (excluding hernia or head injury) requiring surgical repair **Coma** **Severed limb including arm, hand, leg, foot** (excluding fingers and toes)	Within 72 hours of Covered Accident

EXCLUSION AND LIMITATIONS

Benefits will not be paid for a Covered Accident caused indirectly or directly by, contributed to, or resulting from:

1. all exclusions and limitations in the policy or attached to and a part of the policy will apply to this rider; and
2. jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; parasailing, bungee jumping or other aeronautic activities[; or][.]

[3. the use of any drug, narcotic, hallucinogen, or other controlled substance not prescribed for You by a Doctor, or if prescribed, not used in a manner consistent with that prescription, directly or indirectly; or] 1.

[4. intoxication (An Insured will be considered intoxicated when their blood alcohol level exceeds the legal limit used for operating a motor vehicle in the jurisdiction in which the Covered Accident

occurs regardless of whether they were actually operating a motor vehicle or not at the time of the Covered Accident).] [1.]

[2.][**MAXIMIZE YOUR BENEFIT RIDER**

If this rider is a part of Your policy, and You request to increase coverage, We may also include an offer to increase the Accident Benefit Rider.

The offer will be the maximum allowable benefit based on Our then current underwriting guidelines for this rider except You will not be required to provide evidence of medical insurability. You may accept all, part or none of the offer to increase this rider. The amount of benefit accepted for this rider has no effect on the required percentage of acceptance for the Maximize Your Benefit Rider.

The new premium amount for this rider resulting from a Maximize Your Benefit Rider 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 effective date or by not paying the increase in premium.

A Maximize Your Benefit Rider adjustment to the Accident Benefit Rider benefit resulting from Our offer will be effective, subject to the Owner accepting Our offer, on 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.

The adjusted Accident Benefit Rider benefit applies to new Disabilities which start on or after the adjustment date. A Recurring Disability is not a new Disability.**]**

[3.][**BENEFIT UPDATE**

We will include an offer to increase the Accident Benefit, if the Benefit Update Rider is part of the policy and an offer to increase coverage is made under that rider. The offer will be the maximum allowable benefit based on your increased Disability Benefit and Our then current issue and participation 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 Accident Benefit. The amount of Accident Benefit accepted has no effect on the Benefit Update Rider.

The new premium amount for the Accident 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 Option Anniversary or by not paying the increase in premium.

The adjusted Accident Benefit applies to new Covered Injuries which start on or after the Benefit Update adjustment date.

A Benefit Update adjustment to the Accident 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 on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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.



Executive Vice President,
General Counsel and Secretary



Chairman, President and
Chief Executive Officer

Principal Life Insurance Company
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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 earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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.



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DEATH BENEFIT

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 Death Benefit shown on the Data Page if You die after satisfying the Elimination Period and while benefits are being paid under the Disability Benefit section of this policy or any rider attached to this policy.

This benefit is in addition to any other benefit of this policy. This benefit is payable to the Benefit Recipient. If You are the Benefit Recipient at the time of Your death, this benefit will be paid to:

1. Your surviving spouse; if none, then
2. Equally to Your surviving natural and adopted children; if none, then
3. Equally to Your surviving parent(s); if none, then
4. Your estate.

We will not be liable to anyone to the extent We make payment in good faith.

TERMINATION

This rider terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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.



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SUPPLEMENTAL HEALTH 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 current Data Page.

BENEFIT

The Supplemental Health Benefit is in addition to any other benefit provided by the policy or any other attached rider and is payable one time in Your lifetime. This rider pays the benefit amount shown on the current Data Page for any one of the following:

Coronary Artery Bypass Graft (CABG) Surgery - means the operative procedure for the correction of two or more blocked arteries of the heart. This does not include angioplasty and/or any other intra-arterial procedures.

Cancer - means the presence of a malignant tumor characterized by the uncontrolled growth of malignant cells and the invasion of tissue, or metastasis of malignant cells and the invasion of tissue. This would include: Leukemia and malignant disease of the lymphatic system, such as Hodgkin's lymphoma Stage III and IV and invasive malignant melanoma. The following diagnoses are not covered: any non-invasive cancer in-situ, Hodgkin's disease Stage I, prostate cancer Stage A, papillary cancer of the bladder, all skin cancers except invasive malignant melanoma (starting with Clark Level III).

Stroke - means any cerebrovascular incident producing neurological deficit lasting more than 24 hours and including infarction of brain tissue or hemorrhage into brain tissue. Evidence of neurological deficit for at least 90 days has to be produced.

In order for this benefit to be paid:

1. The policy and this rider must be in force; and
2. The onset of the CABG, Cancer or Stroke must be on or after the effective date of this rider; and
3. You must be Continuously Disabled; and
4. You must survive the CABG Surgery, Cancer or Stroke for 90 days from the date of the onset of the CABG, Cancer or Stroke or from the date of Disability, whichever is later; and
5. You must be under Regular Care By A Doctor for the condition or operative procedure.

If the [Presumptive Disability Benefit Rider][1.] [Presumptive Disability Benefit Lifetime Rider][1.] is attached to the policy, that rider does not change any of the terms of this rider.

TERMINATION

This rider terminates on the earliest of the following:

1. The Policy Termination Date listed on Your most current Data Page; 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.



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EMPLOYER SPONSORSHIP 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.

DEFINITIONS

EMPLOYER - means the person(s) and/or entity(ies) that You Work for that is/are Sponsoring and paying the premium on this policy. The Employer may exercise every right and privilege noted by this rider. This rider does not afford the Employer the right to access documents related to any claim You submit for benefits under the policy, including medical documents.

SPONSORING – means the Employer is purchasing this policy and paying the premium for this policy on Your behalf.

The following sections of the policy will be impacted by this change:

The **Conditional Renewal** section of the policy is amended to replace the term Owner with Owner or Employer.

The **Policy Adjustment Options** section of the policy is amended to read as follows:

Subject to Our then current underwriting guidelines which may include requiring evidence of insurability, the Owner or Employer 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 or Employer may be 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 following are provisions that only apply to this rider:

TRANSFER PRIVILEGE

If You change Employers and Your new Employer will be Sponsoring this policy, the privileges in this rider will be transferred to Your new Employer, if:

1. You end employment with the original Employer; and
2. You are now Working for the new Employer; and
3. You are not Disabled and are not receiving benefits under this policy or any attached rider.

A request, either verbal or written, must be submitted by the Insured and the new Employer and received by Us within 90 days of this change.

TERMINATION

This rider terminates on the earliest of the following:

1. You are no longer employed by the Employer Sponsoring this policy and have not exercised the Transfer Privilege provision to name a new Employer; or
2. The Policy Termination Date listed on Your most current Data Page, unless renewed under the Conditional Renewal provision of this policy; or
3. Termination of the policy of which it is a part.



Principal Life Insurance Company
[711 High Street
Des Moines, IA 50392-0001]

CONDITIONALLY RENEWABLE POLICY ENDORSEMENT

This endorsement 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 endorsement unless specifically changed by this endorsement. The effective date of this endorsement is shown on the Data Page.

This endorsement 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 THE POLICY TERMINATION DATE ON YOUR MOST CURRENT DATA PAGE. CONDITIONALLY RENEWABLE THEREAFTER ON 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 Policy Termination Date on Your most current Data Page 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 Policy Termination Date on Your most current Data Page.

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:
>
> 1. Cancel it; or
> 2. Change the premium rate prior to the next renewal date.

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 of this policy:
>
> 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 of this policy, 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 of this policy, if this policy has not terminated under

the terms of the Termination provision of this policy.

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

TERMINATION

This policy terminates on the earliest of the following:

1. Your annual Policy Anniversary after the Policy Date, unless renewed under the Conditional Renewal section of this policy; 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 of this policy, 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 this 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 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. This 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.

We reserve the right to require proof from time to time that You continue to Work at least 30 hours a week. If at any time 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.

Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, paid family and medical leave for the care of a qualified family member or an approved FMLA leave of absence for the care of a qualified family member is considered Working provided You are able and available for active performance of all Your regular duties and were Working the day immediately prior to the date of Your absence.

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

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.

4. Any other riders, including exclusion or modified coverage riders, will be renewed and remain a part of this policy.



Principal Life Insurance Company
[711 High Street
Des Moines, IA 50392-0001]

DISABILITY INCOME POLICY EXCLUSION RIDER

To be attached to and become part of:

Policy Number: [SAMPLE]
Insured: [John Doe]
Effective Date: Shown on the current Data Page

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 above 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:

We will not pay policy benefits for:

[Insert cause or condition] **1.**

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.

Executive Vice President,
General Counsel and Secretary

Chairman, President and
Chief Executive Officer

Principal®

Principal Life Insurance Company
711 High Street
Des Moines, IA 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

DISABILITY INCOME LIMITATION RIDER

To be attached to and become part of:

Policy Number: [SAMPLE]
Insured: [John Doe]
Effective Date: Shown on current Data Page

Elimination Period: [180 days] **1.**
Maximum Benefit Period: [5 years] **2.**

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 above 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:

The policy's Elimination Period and/or Maximum Benefit Period are changed to that shown above for:

[Insert cause or condition] **3.**

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.

Executive Vice President,
General Counsel and Secretary

Chairman, President and
Chief Executive Officer

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Des Moines, IA 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

FOREIGN TRAVEL EXCLUSION RIDER

To be attached to and become part of:

Policy Number: [SAMPLE]
Insured: [John Doe]
Effective Date: Shown on current Data Page

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 above 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 the policy or any attached riders for any Injury occurring or Sickness beginning while You are in the Excluded Location specified below and for any period You are in the Excluded Location. In addition, such period(s) may not be used to satisfy the policy's or any attached rider's Elimination Period or Interrupted Elimination Period.

Excluded Location:

[Insert Excluded Location] **1.**

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.

Executive Vice President,
General Counsel and Secretary

Chairman, President and
Chief Executive Officer

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Des Moines, IA 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