

Information Sharing and Transaction Authorization

Principal Life Insurance Company®
Des Moines, IA 50306-9397
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A member of Principal Financial Group®



Contract/Plan number

Plan

Payroll Vendor/System

Integration Intermediary (ie: Payconnect, Payroll Integrations, Inc, TopBloc etc)

I (Plan Administrator/Plan Representative) authorize and direct Principal Life Insurance Company® (Principal Life) to send and receive data relevant to the administration of the Plan, including, without limitation, contribution data, loan payments, compensation, participant demographic data, Plan participant deferral changes and loan updates, to and from the Payroll Vendor/System and/or Integration Intermediary, if applicable. The information shared is to be used solely for the purposes of servicing the Plan.

I understand that the information shared may contain personal and confidential Plan and/or participants information, including but not limited to, social security number, birth dates and employment date; and that I should only grant access to information that contains confidential information to those that will handle the information appropriately.

This authorization shall remain in effect, and Principal Life is entitled to rely on it until Principal Life receives actual Notice, as that term is defined in the service agreement between Principal Life and the Plan, of any modification or termination hereof. By signing below, I certify that I have received, read and understand the above descriptions of information that will be sent and received and I agree, on behalf of the Plan and Plan Administrator, to the fullest extent permitted by applicable law, to release Principal Life, and its affiliates, from all claims and liabilities related to sharing Plan and participant information pursuant to this Information Sharing Authorization form. Pursuant to its authority as a fiduciary of the Plan named above, the Plan Administrator/Plan Representative warrants that it has proper authority to execute this form on behalf of the Plan and Plan Administrator/Plan Representative under the terms of the Plan.

X

Signature of Plan Administrator/Representative

Date

Printed Name of Plan Administrator/Representative

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