REGULAR OCCUPATION RIDER

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

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

TOTAL DISABILITY during the Your Occupation Period means, solely due to Injury or Sickness:

- 1. You are unable to perform the substantial and material duties of Your Occupation and are not Working in Your Occupation; and
- 2. You are Working in another occupation; and
- 3. You satisfy the requirements of the Claim Information section of the policy.

In order to be eligible for Total Disability under this rider, there must also be no reasonable job or work site modifications which would allow You to Work in Your Occupation. In addition, this rider does not provide benefits if You are Retired or Unemployed.

BENEFITS

Benefits payable under the policy for Your Total Disability is the Maximum Monthly Benefit shown on the Data Page for the Disability Benefit section and the Social Insurance Substitute Benefit section, if included, to the end of the Maximum Benefit Period. However, no Social Insurance Substitute Benefit will be payable for any period You are eligible to receive full retirement benefits from Social Security or Railroad Retirement.

TERMINATION

This rider terminates on the first of:

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

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

(Company Officers' Signature and Title)

Principal Life Insurance Company Des Moines, Iowa 50392-0001