

LIMITATION OF BENEFITS FOR MENTAL/NERVOUS/SUBSTANCE ABUSE DISORDERS

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

DEFINITIONS

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

1. Is mainly engaged in providing inpatient care and treatment of sick or injured persons, and routinely makes a charge for such care; and
2. Is supervised by a staff of physicians on the premises; and
3. Provides 24-hour nursing services on the premises by registered graduate nurses.

In no event will Hospital include any institution:

1. Which is operated as a rest home, a convalescent facility, or a long-term nursing care facility; or
2. Which is mainly for the care of the aged, or which primarily affords custodial or educational care.

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

MENTAL/NERVOUS/SUBSTANCE ABUSE DISORDER -- means any disease or disorder classified in the most current Diagnostic and Statistical Manual of Mental/Nervous Disorders (DSM) published by the American Psychiatric Association. If the DSM is discontinued or replaced, Mental/Nervous/Substance Abuse Disorder will mean any disease or disorder classified in the diagnostic manual in use by the American Psychiatric Association or its successor as of the date Disability begins. These Disorders are considered Sickneses 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 any one or more of the following benefit sections or riders that may be contained in Your policy: Disability Benefit Section, Social Insurance Substitute Benefit Section and any rider that provides a monthly benefit.

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.

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LIMITATIONS

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

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

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

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