

BENEFIT UPDATE RIDER

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

DEFINITIONS

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

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

OPTION DATE – is shown on the current Data Page.

BENEFIT UPDATE ADJUSTMENTS

Every third Option Anniversary from the Option Date, We will review Your Disability Benefit and any Social Insurance Substitute Benefit shown on the current Data Page. We will require an application and other evidence which satisfies 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 and any Social Insurance Substitute Benefit. Our offer will be to adjust the Disability Benefit and Social Insurance Substitute Benefit to the maximum allowable based on the information received and Our then current underwriting guidelines.

BENEFIT UPDATE ADJUSTMENT -- ADVANCE OPTION

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

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

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

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

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

EFFECT OF A BENEFIT UPDATE ADJUSTMENT

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

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

BENEFIT UPDATE ADJUSTMENT DATE

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

TERMINATION

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

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

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

REINSTATEMENT

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

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

S
A
M
P
L
E

S
A
M
P
L
E

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001

FUTURE BENEFIT INCREASE RIDER

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

DEFINITIONS

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

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

OPTION DATE – is shown on the current Data Page.

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

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

INCREASE OPTIONS

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

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

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

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

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

The increase factor will be:

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

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

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

ACCEPTANCE AND REJECTION OF AN OFFER

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

LIMITATIONS AND CONDITIONS

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

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

RENEWAL

A renewal anniversary will occur on every sixth Option Anniversary. On each renewal anniversary while this rider is in force, We will require an application and other evidence which satisfies 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 for another Term.

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. A rider that is renewed following a period of suspension is renewed only for that portion of the six-year period that remains until the next renewal anniversary.

TERMINATION

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

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

REINSTATEMENT

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

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

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001