

ACT 44 RELATED DISCLOSURE
ANNUAL UPDATE

This Disclosure Form may be used by existing service providers **ONLY**

Please check only description which is applicable to you and complete the specified parts of this annual disclosure.

- I am an individual who is providing services to the Municipal Pension Plan solely in my capacity as an individual, and not as a Business or as an Affiliated Entity (as herein defined). Complete Parts A, C, D, and sign in Part E
- I am providing services to the Municipal Pension Plan as part of a Business or an Affiliated Entity. Complete Parts B, C, D, and sign in Part E

Please complete this Annual Disclosure and return to the Municipality no later than October 31, 2015.

Submitted by: Lana Vroom
Principal Life Insurance Company
PO Box 9394
Des Moines, IA 50306-9394

PART A: Individual Disclosure. The information contained in this PART relates to a Provider who is an individual who is providing services under a Professional Services Contract to a Municipal Pension Plan.

1. NAME OF INDIVIDUAL MAKING THE DISCLOSURE 2. TITLE OF INDIVIDUAL

First Middle Last Suffix

3. INDIVIDUAL'S MAILING ADDRESS 4. DATE OF DISCLOSURE

Street Apt.

City State Zip

5. CONTRIBUTIONS *Contributions for the past five (5) years must be disclosed*

Have you made any contributions above \$500, individually or in the aggregate, to any Candidate for public office in the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any contributions above \$500, individually or in the aggregate, to any individual who holds a public office in the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any contributions above \$500, individually or in the aggregate, to any Political Committee of a Candidate for public office in the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any contributions above \$500, individually or in the aggregate, to any Political Committee of any individual who holds a public office in the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you solicited or served as an intermediary for any contributions to any municipal official or candidate for municipal office in the Municipality or political party or Political Committee of that official or candidate??	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. GIFTS

Have you given any gifts to any official, employee, or fiduciary of the Plan or Municipality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. RELATIONSHIPS

Do you have any direct financial, commercial, or business relationship with any official of the Plan or Municipality? (Note: If the answer is "Yes," the Provider must disclose the name of the official and the general nature of the relationship in Part C, Section 2 below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relationship with a third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with the Plan or Municipality in connection with any transaction or investment involving the Provider and the Plan or Municipality? (Note: If the answer is "Yes," the Provider must disclose the name and duties of the third party intermediary, agent, or lobbyist in Part C, Section 3 below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional specific information on every contribution and/or gift must be disclosed. Please use the Table provided in PART C.

PART B: Business Disclosure. The information contained in this PART relates to a Provider who is a Business or an Affiliated Entity that is providing services under a Professional Services Contract to the Municipal Pension Plan.

1. NAME OF PROVIDER MAKING THE DISCLOSURE Principal Life Insurance Company_____

2. NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO ACT ON BEHALF OF THE PROVIDER

3. PROVIDER MAILING ADDRESS Lana K. Vroom Sr. Client Service Assoc.
First Middle Last Suffix Title

4. DATE OF DISCLOSURE

PO Box 9394 September 22, 2015
Street Suite
Des Moines IA 50306-9394
City State Zip

5. CONTRIBUTIONS *Contributions for the past five (5) years must be disclosed*

Has the Business or Affiliated Entity made any contributions above \$500 to any Candidate for public office or Political Committee of a Candidate for public office in the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the Business or Affiliated Entity made any contributions above \$500 to any individual who holds a public office or Political Committee of an individual who holds a public office in the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has an officer, director, Executive-level Employee, or owner of at least 5% of the Business or Affiliated Entity made any contributions above \$500 to any Candidate for public office or any Political Committee of any Candidate for public office in the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has an officer, director, Executive-level Employee, or owner of at least 5% of the Business or Affiliated Entity made any contributions above \$500 to any individual who holds a public office or any Political Committee of an individual who holds public office in the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the Business or Affiliated Entity solicited or served as an intermediary for any contributions to any municipal official or candidate for municipal office in the Municipality or political party or Political Committee of that official or candidate??	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has an officer, director, Executive-level Employee, or owner of at least 5% of the Business or Affiliated Entity solicited or served as an intermediary for any contributions to any municipal official or candidate for municipal office in the Municipality or political party or Political Committee of that official or candidate??	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6. GIFTS

Has the Business or Affiliated Entity given any gifts to any official, employee, or fiduciary of the Plan or Municipality?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Additional specific information on every contribution and/or gift must be disclosed. Please use the Table provided in PART C.

2.. FINANCIAL, BUSINESS, AND COMMERCIAL RELATIONSHIPS

If No Disclosure is being made under this Section 2, please Check Box and Initial. X LV

Name of Official	Nature of Relationship

3.. THIRD PARTY INTERMEDIARIES, AGENTS, LOBBYISTS

If No Disclosure is being made under this Section 3, please Check Box and Initial. X LV

Name of Third Party	Duties

4. CONFLICTS OF INTEREST

Is the Provider aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the Provider and officials or employees of the Municipality or Plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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If "Yes" please disclose in the space provided or attach a separate statement:

5. OTHER DISCLOSURES

To the extent Act 44 of 2009 requires you to disclose any additional information other disclosures beyond what is requested, please provide that information in the space provided or attach a separate statement.

PART D: Contract information. The information in this part relates to the Professional Services Contract Annual Disclosures form is being submitted.

Please list the Professional Services Contracts between the Provider and the Plan:

Flexible Pension Investments Group Annuity Contract No. GA 4-43921 effective October 1, 2000.

This Disclosures form is being submitted in conjunction with the annual filing requirements set forth in Act 44 for calendar year: 2015

PART E: Signature. The signature of the Provider or an official authorized to represent the Provider must be provided on every Disclosure form. Should the Provider knowingly make a material misstatement or omission on this Disclosure form, the Provider’s Professional Services Contract with the Plan or Municipality shall be voided. The Provider will also be prohibited from entering into a Professional Services Contract with the Plan or Municipality for a period of up to three (3) years.

Disclosure forms that are not signed will be rejected.

The signatory hereby declares and certifies themselves to be the Provider, declares and certifies that they are properly authorized to execute these disclosure forms, and represents and covenants that all of the information and disclosures provided herein to the best of their knowledge are true and contain no material misstatements or omissions. Breach of such representation and covenant may render any current or subsequent Professional Services Contract voidable.

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| 1. NAME OF SIGNATORY MAKING DISCLOSURE | 2. TITLE OF SIGNATORY |
| <u>Lana K. Vroom</u>
<i>First Middle Last Suffix</i> | <u>Sr. Client Service Assoc.</u> |
| 3. SIGNATURE OF PROVIDER | 4. DATE SIGNED |
| <u>Lana K. Vroom</u> | <u>September 22, 2015</u> |
| 5. SIGNATORY’S CONTACT ADDRESS | 6. PHONE NO. & EMAIL |
| <u>PO Box 9394</u>
<i>Street Suite</i>
<u>Des Moines IA 50306-9394</u>
<i>City State Zip</i> | <u>515-247-6060</u>
<i>Phone</i>
<u>vroom.lana@principal.com</u>
<i>Email</i> |