



Principal Life Insurance Company
Des Moines, IA 50306-9394

Rollover Form
Contract/Plan ID Number _____
Location Number _____

CTD1314

Instructions: Complete all numbered steps on this form to combine balances from a previous employer's plan or Individual Retirement Account (IRA) with the current plan. NOTE: Be sure to obtain all the signatures required on the form. The rollover cannot be processed without the appropriate signatures.

1 Personal Information *(please print with black ink)*

Name (Last)	(First)	(MI)	<input type="checkbox"/> Single	<input type="checkbox"/> Male
_____	_____	_____	<input type="checkbox"/> Married	<input type="checkbox"/> Female
Email Address	Date of Birth	Social Security Number		
_____	____/____/____	____-____-____		
NOTE: The email address you submit will be used only by the Principal Financial Group®. We will not provide it to third parties. For more information, see our privacy policy at principal.com.	Phone Number	Date of Hire		
	(____) ____-____	____/____/____		

2 Confirm Rollover

I would like to roll over funds* from a previous employer's plan or individual retirement account (IRA).

IMPORTANT: This form is designed to be a quick way to direct the investment of eligible rollover funds. If I do not have an investment election on file or wish to make an alternative allocation, I will select investment options by logging in to principal.com or calling 1-800-547-7754.

If I don't make a different investment election prior to my rollover funds being received by The Principal®, my funds will be invested based on my current investment election. If I do not have a current investment election on file, my funds will be directed to the plan's investment default option.

By rolling over funds to this account, I agree that I have received and reviewed information about the plan's investment options so that I may make an informed investment decision. Information about the plan's investment options is available in the Investment Option Summary included in the enrollment booklet and online at principal.com.

My Signature	Date
X _____	____/____/____

*You may roll over a distribution from a traditional IRA to a plan qualified under the Internal Revenue Code §401(a) or (b), an annuity, or a Governmental 457(b) plan to the extent that the distribution would be taxable if not rolled over. After-tax contributions in an IRA (including non-deductible contributions to a traditional IRA) may not be rolled over to one of these plans. Amounts rolled into a Governmental 457(b) plan other than another Governmental 457(b) plan are subject to an early withdrawal tax.

You may roll over a Roth account only into a plan that allows Roth contributions. Please check your Summary Plan Description or plan document before rolling over Roth accounts to make sure Roth contributions are available.

3 Tell us about your rollover funds

If all of your rollover funds were pre-tax contributions, skip to step 4. If any of your rollover funds were after-tax contributions, complete the following:

Amount of after-tax, non-Roth tax contributions*	\$ _____
Amount of after-tax, Roth contributions*	\$ _____
Amount of earnings on after-tax, Roth contributions	\$ _____
Year first after-tax, Roth contribution was made	_____

* Report the amount of contributions, not including any earnings/losses. You may need to contact your prior employer for this information.

4 Plan Sponsor Signature

The plan sponsor is typically your employer. **This signature is required** to process the rollover.

Based on the information above, this rollover contribution is acceptable according to the plan provisions. Principal Life Insurance Company is directed to accept this rollover contribution, and keep the appropriate records and accounts.

Plan Sponsor or Trustee Name

Plan Sponsor or Trustee Signature

Date

x _____ / /

5 Request funds from other financial institution

Contact the financial institution that currently holds your retirement funds to request a rollover. Instruct them to complete the rollover check as follows:

Checks must be made payable to:

Principal Trust Company
FBO <YOUR NAME>
Contract/Plan ID Number <Contract/Plan ID Number>

Checks must be mailed to:

The Principal Financial Group
PO Box 9394
Des Moines, IA 50306-9394

Wire transfer instructions:

ABA number: 121000248
Account number: 0837354943
FBO <YOUR NAME>
Contract/Plan ID Number <Contract/Plan ID Number>

If you have questions or would like assistance in contacting the other financial institution, call us at 1-800-547-7754.

6 Send completed form and rollover funds

NOTE: If we do not receive this form within fifteen business days of receiving the rollover funds, the rollover funds will be returned.

Check enclosed Prior financial institution will mail check/wire funds

Mailing address for completed form and check:

The Principal Financial Group
PO Box 9394
Des Moines, IA 50306-9394

Fax to:

1-866-704-3481

FOR RESIDENTS OF FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Investment options are subject to investment risk. Shares or unit values will fluctuate, and investments, when redeemed, may be worth more or less than their original cost.

If funds are rolled into the plan prior to the participant attaining eligibility, this form is only valid if the participant receives the plan's investment option summary and 404 notice prior to executing.

For more information about the plan's investment options, including the full name of the options, visit principal.com, or call 1-800-547-7754.

Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group® (The Principal®), Des Moines, IA 50392.

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