P.O. Box 8024
Boston, MA 02266-8024
800-222-5852

Overnight Mail:
30 Dan Road
Canton, MA 02021-2809

SEP-IRA Transfer/Direct Rollover Request

- DO NOT use this form to transfer or convert a SEP-IRA to a Roth IRA.
- If you are establishing a new Principal Funds SEP-IRA, please complete a *SEP-IRA Application* in addition to this form. If you are transferring money from more than one institution, please complete a separate *SEP-IRA Transfer/Direct Rollover* form for EACH institution.
- Use this form to: 1) Process a Trustee-to-Trustee Transfer of a SEP-IRA or 2) Process a Direct Rollover from a Qualified Plan from another institution to a Principal Funds SEP-IRA.

Note on Direct Rollovers from Qualified Plans: Plan Administrators may require their own form(s) to be completed. We recommend that you contact your current Plan Administrator to avoid delays.

If you are over age 70½, you are required to receive a minimum distribution each year from a retirement account. You must take this year's distribution amount **before** the account is rolled over to your Principal Funds retirement account. It is your responsibility to request the distribution when required. The prior trustee or custodian should help you with calculating the required distribution. Principal Funds will assist you in calculating the minimum distribution in future years upon request.

1. *Account Registration and Customer Identification Information*

Principal Life Insurance Company for the Benefit of:

Owner's First Name, Middle Initial, Last Name

Social Security Number | Date of Birth (MM/DD/YYYY)

Owner's Mailing Address, City, State, Zip

( ) Daytime Phone Number | ( ) Evening Phone Number

E-mail Address

2. *Transfer Information*

A. Where are your funds currently invested?

Name of Custodian | ( ) Phone Number

Custodian Address (no P.O. Box Address)

City, State, Zip

B. What type of account/plan are you transferring from?

☐ SEP-IRA

☐ Other ______________________

3. *Transfer Instructions*

To the resigning Custodian: Please liquidate assets, or deliver shares in kind, in the following account(s) and transfer the proceeds to the Principal Funds. Principal Life Insurance Company will act as my new Custodian, and Principal Shareholder Services, Inc., and its appointed sub-transfer agent, as its agent.

Name of Investment

☐ All Assets OR $ ______________________ ______________________
Account Number

Liquidate: ☐ Immediately ☐ At Maturity ______________________
Date (MM/DD/YYYY)

☐ Deliver Principal Funds shares in kind

NOTE: Please attach a copy of your most recent statement(s) from your current Custodian.

Name of Investment

☐ All Assets OR $ ______________________ ______________________
Account Number

Liquidate: ☐ Immediately ☐ At Maturity ______________________
Date (MM/DD/YYYY)

☐ Deliver Principal Funds shares in kind

NOTE: Please attach a copy of your most recent statement(s) from your current Custodian.

Name of Investment

☐ All Assets OR $ ______________________ ______________________
Account Number

Liquidate: ☐ Immediately ☐ At Maturity ______________________
Date (MM/DD/YYYY)

☐ Deliver Principal Funds shares in kind

NOTE: Please attach a copy of your most recent statement(s) from your current Custodian.

Name of Investment

☐ All Assets OR $ ______________________ ______________________
Account Number

Liquidate: ☐ Immediately ☐ At Maturity ______________________
Date (MM/DD/YYYY)

☐ Deliver Principal Funds shares in kind

NOTE: Please attach a copy of your most recent statement(s) from your current Custodian.

Name of Investment

☐ All Assets OR $ ______________________ ______________________
Account Number

Liquidate: ☐ Immediately ☐ At Maturity ______________________
Date (MM/DD/YYYY)

☐ Deliver Principal Funds shares in kind

NOTE: Please attach a copy of your most recent statement(s) from your current Custodian.

4. *Investment Selection*

Please indicate the Principal Funds Portfolio(s)/Fund(s) in which you would like to invest, and the investment amount(s) or allocation(s) for each. Minimum initial investment amount for all Portfolios/Funds is $1,000 with $100 subsequent investments. For new accounts, your investment selections may be made on the *SEP-IRA Application.*

Will this Transfer be into an existing Principal Funds SEP-IRA account?

☐ YES – If Yes, what is your Principal Funds SEP-IRA account number? ____________________

☐ NO – If No, please establish a Principal Funds SEP-IRA account by completing and attaching a Principal Funds *SEP-IRA Application.*

____________________ Class ☐ A ☐ C
Portfolio/Fund Number Portfolio/Fund Name

$__________ **OR** __________ % ____________________
Dollar Amount Percentage Current Account Number or Indicate New

____________________ Class ☐ A ☐ C
Portfolio/Fund Number Portfolio/Fund Name

$__________ **OR** __________ % ____________________
Dollar Amount Percentage Current Account Number or Indicate New

____________________ Class ☐ A ☐ C
Portfolio/Fund Number Portfolio/Fund Name

$__________ **OR** __________ % ____________________
Dollar Amount Percentage Current Account Number or Indicate New

____________________ Class ☐ A ☐ C
Portfolio/Fund Number Portfolio/Fund Name

$__________ **OR** __________ % ____________________
Dollar Amount Percentage Current Account Number or Indicate New

____________________ Class ☐ A ☐ C
Portfolio/Fund Number Portfolio/Fund Name

$__________ **OR** __________ % ____________________
Dollar Amount Percentage Current Account Number or Indicate New

____________________ Class ☐ A ☐ C
Portfolio/Fund Number Portfolio/Fund Name

$__________ **OR** __________ % ____________________
Dollar Amount Percentage Current Account Number or Indicate New

PLEASE REFER TO THE SEP-IRA APPLICATION FOR A LIST OF PORTFOLIO/FUND NAMES AND NUMBERS.

5. *Authorization for the Transfer of Your Assets*

TO RESIGNING CUSTODIAN:

I have established a SEP-IRA with the Principal Funds. Please liquidate or transfer the assets as I have described in Section 3 and forward the proceeds to the Principal Funds. I understand that this Transfer/Direct Rollover of assets is to be executed as a fiduciary-to-fiduciary Transfer/Direct Rollover and that I will not receive constructive receipt of any part of the transferred assets. ***Note: Your resigning Custodian may require that your signature be guaranteed.*** Please contact them for their requirements.

Please make check payable to: Principal Funds FBO [owner's name]

Please mail check to:

Principal Funds
P.O. Box 8024
Boston, MA 02266-8024
800-222-5852

Owner's First Name, Middle Initial, Last Name

Social Security Number

Account Owner Signature

Date (MM/DD/YYYY)

Medallion Signature Guarantee (if required by your resigning Custodian)

6. *For Principal Life Insurance Company Use Only*

TO RESIGNING CUSTODIAN:

Principal Life Insurance Company accepts appointment as Successor Custodian, and Principal Shareholder Services, Inc., and its appointed sub-transfer agent, will act as its agent. We have established an IRS-approved SEP-IRA as described above for the named applicant and will accept the Transfer/Direct Rollover of assets on a fiduciary-to-fiduciary basis.

Signature

Date (MM/DD/YYYY)