



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

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

Registration Change Form

- Use this form to re-register your non-retirement account or to transfer shares to another account registered with Principal Funds. If you have multiple accounts and would like to use one form, all current and new registrations must be the same. If they are not, a separate form must be completed for each registration change.
- For Transfers: A new account number will be issued, and the current account will be closed.
- If your existing account has the Check Writing Privilege, please be sure all outstanding checks are paid before submitting this form. Once an account is re-registered or transferred, Principal Funds will be unable to honor checks with the old registration and account number. To request check writing privileges on your account, please complete the Check Writing Privileges form.
- Additional documentation may be required for certain account registration changes. Please contact your Investment Representative or call Principal Funds if you have questions regarding our requirements.
- DO NOT use this form to re-register your Education Savings or any type of retirement account.
- For a new account, please contact your Investment Representative or call Principal Funds for an *Account Application* and prospectus.

1. Account Information

Account Number

Portfolio/Fund Number

Owner/Custodian's Name

Joint Owner (if any), Corporate Officer, Partner, Trustee, etc.

2. New Account Information

Transfer from above registration:

All Shares

OR

Partial shares (choose one)

Dollar amount

Number of shares

To new registration (choose one of the following):

Individual or Joint Account

(All account owners are required to provide the applicable information requested in this section. An account will not be opened and transactions will not be executed unless the application, including your legal street address, is fully completed.)

Individual

Joint Tenant with Rights of Survivorship

Tenants in Common (Equal Ownership unless otherwise specified)

Owner's First Name, Middle Initial, Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

U.S. Citizen

Resident Alien

Country of Citizenship

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

Daytime Phone Number

Evening Phone Number

E-mail Address

E-Delivery Options: Quarterly Statements Fund Documents (Prospectus, Semi-Annual Report, Annual Report)

I understand that by checking an E-Delivery option box, I will only receive an electronic copy of the document in question and that no physical copy will be mailed, except for a year-end statement which will also be delivered by mail.

Joint Owner's First Name, Middle Initial, Last Name _____
Social Security Number

U.S. Citizen Resident Alien

Date of Birth (MM/DD/YYYY) _____
Country of Citizenship

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

Daytime Phone Number _____
Evening Phone Number

- To name additional joint owners on the account, please check here, then complete and attach a new copy of this page.
- To establish a **Transfer on Death** account, please check here and attach the *TOD Registration Request* form, which may be obtained on our Web site at principalfunds.com or by calling Principal Funds.

UNIFORM TRANSFER TO MINORS ACT (UTMA) (All account owners are required to provide the applicable information requested in this section. An account will not be opened and transactions will not be executed unless the application, including your legal street address, is fully completed.)

Custodian's First Name, Middle Initial, Last Name _____
Social Security Number

U.S. Citizen Resident Alien

Date of Birth (MM/DD/YYYY) _____
Country of Citizenship

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

Daytime Phone Number _____
Evening Phone Number

E-mail Address

E-Delivery Options: Quarterly Statements Fund Documents (Prospectus, Semi-Annual Report, Annual Report)

I understand that by checking an E-Delivery option box, I will only receive an electronic copy of the document in question and that no physical copy will be mailed, except for a year-end statement which will also be delivered by mail.

Minor's First Name, Middle Initial, Last Name _____
Social Security Number

U.S. Citizen Resident Alien

Date of Birth (MM/DD/YYYY) _____
Country of Citizenship

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

Daytime Phone Number _____
Evening Phone Number

TRUST, CORPORATION, PARTNERSHIP, OR OTHER ENTITY (All account owners are required to provide the applicable information requested in this section. An account will not be opened and transactions will not be executed unless the application, including your legal street address, is fully completed.)

- Trust** (Please attach a certified photocopy of the title, signature, and Trustee pages of the Trust document or certification of trust form.)
- Corporation** (Please attach a certified copy of Articles of Incorporation or Corporate Resolution.)
- Partnership** (Please attach a certified copy of Partnership Articles or Partnership Agreement.)
- Other Entity** (Please attach a certified copy of the entity's organizational documents, such as Articles or Agreement.)

Please note that The Principal Funds **does not** accept "correspondent accounts", which are defined as accounts established for a foreign financial institution to receive deposits from, or to make payments or other disbursements on behalf of, the foreign financial institution, or to handle other financial transactions related to such foreign financial institution. Foreign financial institutions include: (1) a foreign bank; (2) a foreign branch of a U.S. bank; (3) a business organized under a foreign law that, if it were located in the United States, would be a securities broker-dealer, futures commission merchant, introducing broker in commodities, or a mutual fund; and (4) a money transmitter or currency exchanger organized under foreign law.

Name of Trust, Corporation, Partnership or Other Entity

Taxpayer Identification Number **OR** Social Security Number

If Trust is for the Benefit of (provide name, if applicable)

Date of Trust Agreement (MM/DD/YYYY)

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

First Name of Trustee OR Authorized Signer, Middle Initial, Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

Daytime Phone Number

Evening Phone Number

First Name of Joint Trustee OR Authorized Signer, Middle Initial, Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

Daytime Phone Number

Evening Phone Number

First Name of Joint Trustee OR Authorized Signer, Middle Initial, Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

Daytime Phone Number

Evening Phone Number

To name additional trustees or authorized signers on the account, please check here, then complete and attach a new copy of this page.

3. Current Owner's Authorization

I/We instruct the Principal Funds to transfer the shares or dollars to the new registration(s) as indicated in Section 2. All shareholders currently registered on the account must sign below. (Medallion Signature Guarantee required)

Account Owner (Print or Type)

Signature

Account Owner (Print or Type)

Signature

Medallion Signature Guarantee

4. Optional Features

Features on your current account will not automatically carry over to the new account. Please take a few minutes to review the account options on the following pages. You must re-designate any features you would like Principal Funds to establish on any account that is transferred.

5. Dividend and Capital Gains Distributions

Your dividend and capital gains distributions may be paid in cash or reinvested. Reinvestments of distributions are made at the net asset value (NAV) determined on the day the distributions are deducted from the Portfolio/Fund's NAV and will not be subject to a contingent deferred sales charge (CDSC). Principal Funds will automatically reinvest distributions into the same Portfolio/Fund and share class if you do not indicate an alternative distribution option. **Note: Distributions that are \$10 or less will automatically be reinvested into the same Portfolio/Fund and share class.**

I elect to have my dividends and/or capital gains reinvested.

Dividend:

Send my distribution to my address of record. Send my distribution to my bank account of record (refer to Section 8 of this application).

Capital Gains:

Send my distribution to my address of record. Send my distribution to my bank account of record (refer to Section 8 of this application).

6. Automated Features

Principal Funds offers a choice of plans for those who wish to invest, exchange and/or redeem shares automatically. If you are establishing an Automatic Investment Plan (AIP) or Systematic Withdrawal Plan (SWP) going to a bank account on file, **please** complete Section 8 of this application.

Automatic Investment Plan (AIP)

This option allows you to automatically invest a minimum of \$100 per Portfolio/Fund from your bank account into your Principal Funds account. **Please allow 15 business days for the AIP to be established.** If you do not select an investment frequency, Principal Funds will establish a monthly investment. If you do not select a day, we will process your investment on the 15th day of each investment period. You will not receive a confirmation of AIP transactions if you maintain an AIP. You will receive a quarterly statement and your bank statement will show our automatic deduction. If the initial minimum investment of \$1,000 is not met, then the AIP must be established for \$100/month, \$300/quarter or \$1,200 annually.

Note: Once a minimum of \$1,000 has been invested, subsequent AIP investments may be set monthly, quarterly or annually.

<u>Fund Number</u>	<u>Start Date</u> (MM/DD/YYYY)	<u>Frequency</u> (M)onthly, (Q)uarterly (S)emiannually, (A)nnually	<u>Dollar Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Automatic Exchange Election (AEE)

To authorize automatic exchanges from one Fund to another, complete the following:

<u>Exchange Fund Number</u>	<u>Receiving Fund Number</u>	<u>Start Date</u> (MM/DD/YYYY)	<u>Frequency</u> (M)onthly, (Q)uarterly (S)emiannually, (A)nnually	<u>Dollar Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Systematic Withdrawal Plan (SWP)

This option allows you to systematically withdraw a minimum of \$100 per portfolio/fund from your account. **Please allow 15 business days for the SWP to be established.** If you do not select a withdrawal frequency, Principal Funds will establish a monthly withdrawal. If you do not select a day, we will process your withdrawal on the 15th day of each withdrawal period. **Note: If a SWP is established for shares that are subject to a CDSC, and the account does not qualify for a waiver, withdrawals may be subject to a CDSC.**

<u>Fund Number</u>	<u>Start Date</u> (MM/DD/YYYY)	<u>Frequency</u> (M)onthly, (Q)uarterly (S)emiannually, (A)nnually	<u>Dollar Amount</u>	<u>Payment Method</u> (M)ail to address of record (B)ank account of record (Section 8 of this application)
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

7. Telephone and Internet Transactions

Your account is set up so both you and your Investment Representative are able to effect transactions for your account by telephone and/or the Internet. You may decline any of the options by checking the boxes below now or by contacting Principal Funds at a later time.

- I/WE DO NOT want the option for telephone or internet redemptions on my/our account.
- I/WE DO NOT want the option for telephone or internet exchange on my/our account.

8. Banking Information

If you would like to establish banking information for the purpose of making electronic funds transfers between your Principal Funds account and your bank account, please complete the information below. If you DO NOT provide a preprinted voided check, savings deposit slip, or proof of account from your banking institution, a **Medallion Signature Guarantee** is required below. By calling Principal Funds, you may request electronic funds transfers, such as ACH or Bank Wire, to purchase and/or redeem funds electronically. ACH purchases/redemptions are transferred on the second business day following the request **free of charge**. Bank Wire purchases/redemptions are transferred the following business day, if requested before the close of the New York Stock Exchange. **Principal Funds charges a \$10 fee each time funds are sent by Bank Wire. Your bank may also charge a fee. Please allow 15 business days for your bank account information to be established and validated.**

- Checking Account** (please tape a preprinted check)
- Savings Account** (please tape a preprinted deposit slip or proof of account from your banking institution)

Name of Bank	ABA Routing Number	Bank Account Number
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Please tape a preprinted, unsigned, voided check or savings deposit slip here.
DO NOT SUBMIT A NON-PREPRINTED CHECK.
 Preprinted checks must include a name and address.
(PLEASE DO NOT STAPLE CHECK TO APPLICATION)

If the Principal Funds account(s) and bank account include at least one common owner, then only the owner(s) of the Principal Funds account(s) need(s) to sign. However, if there is not a common owner listed in the registration of the Principal Funds account and the bank account, we require all Principal account and bank account owners to provide their signatures along with a Medallion Signature Guarantee granting permission for you to access the account for either deposits to or withdrawals from the account.

I am the owner/co-owner of the bank account listed above and/or the Principal account owner. I give permission to Principal Funds to access my account in order to make deposits to or take withdrawals from it on behalf of the registered account owner(s). I understand transactions to/from my account will continue until I notify Principal Funds, in writing, that my account may no longer be accessed.

Principal Account Owner's First Name, Middle Initial, Last Name	Medallion Signature Guarantee:
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Principal Account Owner's Signature

Principal Account Owner's First Name, Middle Initial, Last Name	
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Principal Account Owner's Signature

If there is no common owner then the bank account owner(s) must sign below.

Bank Account Owner's First Name, Middle Initial, Last Name	Medallion Signature Guarantee:
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Bank Account Owner's Signature

Bank Account Owner's First Name, Middle Initial, Last Name	
--	--

Bank Account Owner's Signature

9. Disclosures/Taxpayer Certification/Account Owner Signatures (Please read and sign below.)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, legal street address, date of birth, Social Security Number, and/or information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If we are unable to verify your customer information, we may close your account or take such other steps as we deem appropriate.

Disclosures

I/We am/are of legal age, have received and read the prospectus, agree to its terms and understand that by signing below: (a) neither Principal Shareholder Services, Inc. nor Principal Funds are a bank and the fund shares are not backed or guaranteed by any bank nor federally insured; (b) if I/we have provided other identification as an alternative to a Social Security or Taxpayer Identification Number within Section 1 of the Application, I/we certify the information provided is currently accurate and valid; (c) I/we hereby ratify any instructions given on this account and any account into which I/we exchange relating to items on the Application and agree that neither the Funds, Principal Shareholder Services, Inc., nor their Agents will be liable for any loss, cost or expense for acting upon such instructions (in writing or by telephone or Internet, if telephone or Internet transactions may be effective for this account) believed by it to be genuine and in accordance with the procedures described in the prospectus; (d) accounts linked together in the same household for mailing and/or consolidated statement purposes allow the owner(s) of any linked accounts to request address changes and/or address corrections to the entire portfolio; (e) if a Statement of Intent (SOI) agreement has been provided, my/our signature(s) below certify(ies) my/our agreement to the terms indicated in the prospectus; (f) if banking information has been provided in Section 5 of the Application I/we understand ACH purchases/redemption proceeds are transferred on the second business day following the request at no charge, and bank wire purchases/redemption proceeds are transferred on the next business day, if requested before the close of the New York Stock Exchange; (g) it is my/our responsibility to read the prospectus; (h) if additional information is required for this Application all disclosures, certifications and notices provided on the Application shall be applicable to such information; (i) I/we represent and warrant that I/we have full right, power and authority to give the foregoing affirmations, certifications and authorizations and to make the investments applied for pursuant to the Application and, if signing on behalf of the beneficial owner, represent and warrant I/we am/are duly authorized to sign this Application and to purchase, exchange and redeem shares, or if an account is listed in Section 5 of this Application to deposit and withdraw fund(s) on behalf of the beneficial owner.

Taxpayer Identification Number Certification

As required by federal law, I/we certify under penalties of perjury that (1) any Taxpayer Identification Number(s) (including Social Security and employer Identification Numbers) provided above is/are correct; (2) the Internal Revenue Service has never notified me/us that I/we am/are subject to 28% backup withholding, or has notified me/us that I/we am/are no longer subject to such backup withholdings; and (3) I/we am/are a U.S. person (including a U.S. resident alien). (Note: If any or all of part (2) of the preceding sentence is not true in your case, please strike out that part before signing.) If I/we fail to furnish my/our correct Social Security Number(s), I/we may be subject to a penalty for each failure and my/our account may be subject to 28% backup withholding on distribution and redemption proceeds. **Note: The IRS does not require your consent to any provision of the Account Application other than the certification required to avoid backup withholding.**

Account Owner(s) Signature(s)

Signature Date (MM/DD/YYYY)

Signature Date (MM/DD/YYYY)

Authorized Signers (for Trust, Corporation, Partnership, or Other Entity accounts)

Signature Date (MM/DD/YYYY)

Signature Date (MM/DD/YYYY)