



**Principal Funds**  
 PO Box 8024  
 Boston, MA 02266-8024

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

800-222-5852  
 PrincipalFunds.com

## Education Savings Account (ESA) Application

- Use this application to establish an Education Savings Account (ESA) only.
- Make check payable to **Principal Life Insurance Company** and forward your completed original application to the address listed above.
- **Please submit your initial payment on a “preprinted” check.**
- If you would like to send funds by bank wire, please call Principal Funds to obtain wire instructions.
- Please type or print clearly.

### 1. Beneficial Owner Account Information

Principal Life Insurance Company for the Benefit of:

Account Beneficiary's First Name, Middle Initial, Last Name

Social Security Number

U.S. Citizen     Resident alien

Date of Birth (MM/DD/YYYY)

Country of Citizenship

Beneficiary's Legal Street Address (no P.O. Box Addresses)

City, State, Zip

( )

Contact Phone Number

### 2. Responsible Individual Information (Parent or Guardian of Account Beneficiary)

**(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.)**

Responsible Individual's First Name, Middle Initial, Last Name

Social Security Number

U.S. Citizen     Resident alien

Date of Birth (MM/DD/YYYY)

Country of Citizenship

Relationship to Account Beneficiary:     Parent     Legal Guardian

Responsible Individual's Legal Street Address (no P.O. Box Addresses), City, State, Zip

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

( )

Contact Phone Number

### 3. Grantor/Depositor Information

The Responsible Individual  MAY  MAY NOT change the Account Beneficiary designated under this agreement to another member of the Account Beneficiary's family as described in Section 529(e)(2).

The Responsible Individual  SHALL  SHALL NOT continue to serve as the Responsible Individual for the Custodial account after the Account Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Account Beneficiary reaches the age of majority under state law, the Account Beneficiary shall be the Responsible Individual.

If the Grantor/Depositor is the same as the Responsible Individual listed in Section 2, proceed to Section 4.

Grantor/Depositor's First Name, Middle Initial, Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

Grantor/Depositor's Legal Street Address (no P.O. Box Addresses)

City, State, Zip

( )

Contact Phone Number

### 4. Electronic Delivery (eDelivery) Consent

By providing your email address, you consent to receive email notifications when your regulatory documents (prospectuses, annual and semi-annual reports), quarterly statements, tax forms, and proxy statements are ready to be viewed online at [principalfunds.com](http://principalfunds.com). You will be notified by email when a document becomes available for you to view. All documents posted to the website will be available in HTML format and/or Portable Document Format (PDF). If using the PDF version, the Adobe Acrobat Reader software required to view them is available free of charge from Adobe's website at [adobe.com](http://adobe.com).

Email Address (required for eDelivery):

If there are any documents you would prefer to receive in paper form, please check the applicable box(es) below to indicate which items you would not like to receive by eDelivery:

- Regulatory Documents (prospectuses, annual and semi-annual reports)
- Quarterly Statements
- Tax Forms
- Proxy Statements

Your consent will remain in effect until revoked by you. If at any time eDelivery is not possible, you will be notified by mail with instructions to restore the service. Delivery of mutual fund documents following initial notification will be mailed to your address of record in paper form if service is not restored. You must have a valid, active email address to be eligible for this service. You may change your consent, update your email address, or opt to receive paper communication at any time by visiting us at [principalfunds.com/edelivery](http://principalfunds.com/edelivery) or by calling us at 1-800-222-5852 Monday-Friday from 7:00 am to 7:00 pm Central Time.

### 5. Contribution Information

Source of Funds:

- Contribution for tax year \_\_\_\_\_ in the amount of \$ \_\_\_\_\_
- Transfer \$ \_\_\_\_\_ (please complete the *Education Savings Account (ESA) Transfer Request* form)
- Rollover \$ \_\_\_\_\_

**Note:** It is the responsibility of the Grantor/Depositor and the Responsible Individual to determine if the maximum contribution has been exceeded for each Account Beneficiary each year. If the maximum contribution limit is exceeded, taxes and IRS penalties may apply and will be assessed to the Account Beneficiary. You should consult with the Responsible Individual and your tax advisor regarding your specific situation.

### 6. 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 DO NOT want the option for telephone redemptions on my account.
- I DO NOT want the option for telephone or internet exchange on my account.

## 7. Investment Selection

Minimum initial investment amount for all Funds is \$1,000 with \$100 subsequent investments. **Note: Automatic payroll deduction plans are not subject to the minimum initial investment requirement if they meet the subsequent investment minimums on a monthly basis.** If no class of shares is selected, Class A shares will be purchased. **Shares purchased by check are subject to a hold of up to 7 calendar days.** Please note that your dividend and capital gains distribution(s) will be automatically reinvested into the same Fund and share class. If you would like to take distributions from your ESA, please complete an *Education Savings Account (ESA) Distribution Form*.

The Fund will consider initial purchases of \$1 million or more (and subsequent purchases resulting in \$1 million or more) into Class C shares as a purchase of Class A shares. Please see the prospectus for more information.

**Select Share Class:** (If no share class is selected, Class A shares will be purchased.)

- Class A (41)**  
 **Class C (44)**

### Category/Fund Name

\*Available for direct purchase in share class A only

	<u>Amount OR Allocation</u>		<u>Amount OR Allocation</u>
<b>Fixed-Income Funds</b>		<b>LifeTime Funds</b>	
<input type="checkbox"/> California Municipal Fund (77)	\$ _____ %	<input type="checkbox"/> Principal Lifetime Fund 2010 (09)*	\$ _____ %
<input type="checkbox"/> Core Plus Bond Fund (01)	\$ _____ %	<input type="checkbox"/> Principal Lifetime Fund 2020 (16)*	\$ _____ %
<input type="checkbox"/> Dynamic Floating Rate High Income Fund (60)*	\$ _____ %	<input type="checkbox"/> Principal Lifetime Fund 2030 (17)*	\$ _____ %
<input type="checkbox"/> Finisterre Unconstrained Emerging Markets Bond Fund (05)*	\$ _____ %	<input type="checkbox"/> Principal Lifetime Fund 2040 (18)*	\$ _____ %
<input type="checkbox"/> Government & High Quality Bond Fund (97)	\$ _____ %	<input type="checkbox"/> Principal Lifetime Fund 2050 (19)*	\$ _____ %
<input type="checkbox"/> High Yield Fund (78)	\$ _____ %	<input type="checkbox"/> Principal Lifetime Strategic Income Fund (23)*	\$ _____ %
<input type="checkbox"/> High Yield Fund I (58)*	\$ _____ %		
<input type="checkbox"/> Income Fund (79)	\$ _____ %	<b>Short-Term Fixed Income Funds</b>	
<input type="checkbox"/> Inflation Protection Fund (54)	\$ _____ %	<input type="checkbox"/> Money Market Fund (99)*	\$ _____ %
<input type="checkbox"/> Opportunistic Municipal Fund (57)	\$ _____ %	<input type="checkbox"/> Short-Term Income Fund (84)	\$ _____ %
<input type="checkbox"/> Preferred Securities Fund (95)	\$ _____ %		
<input type="checkbox"/> Real Estate Debt Income Fund (37)*	\$ _____ %	<b>Small-Mid U.S. Equity Funds</b>	
<input type="checkbox"/> Tax-Exempt Bond Fund (06)	\$ _____ %	<input type="checkbox"/> MidCap Value Fund III (15)*	\$ _____ %
		<input type="checkbox"/> Real Estate Securities Fund (87)	\$ _____ %
		<input type="checkbox"/> SmallCap Fund (88)	\$ _____ %
		<input type="checkbox"/> SmallCap Value Fund II (20)*	\$ _____ %
<b>International Equity Funds</b>		<b>Specialty Funds</b>	
<input type="checkbox"/> Diversified International Fund (08)	\$ _____ %	<input type="checkbox"/> Diversified Real Asset Fund (33)	\$ _____ %
<input type="checkbox"/> Global Opportunities Fund (41)	\$ _____ %	<input type="checkbox"/> Global Diversified Income Fund (74)	\$ _____ %
<input type="checkbox"/> Global Real Estate Securities Fund (31)	\$ _____ %	<input type="checkbox"/> Global Multi-Strategy Fund (34)	\$ _____ %
<input type="checkbox"/> International Emerging Markets Fund (07)	\$ _____ %	<input type="checkbox"/> Multi-Manager Equity Long/Short Fund (24)*	\$ _____ %
<input type="checkbox"/> International Fund I (22)*	\$ _____ %	<input type="checkbox"/> Real Estate Allocation Fund (38)*	\$ _____ %
<input type="checkbox"/> International Small Company Fund (45)*	\$ _____ %		
<input type="checkbox"/> Origin Emerging Markets Fund (36)*	\$ _____ %		
<b>Large U.S. Equity Funds</b>		<b>Strategic Asset Management (SAM) Portfolios</b>	
<input type="checkbox"/> Blue Chip Fund (40)	\$ _____ %	<input type="checkbox"/> SAM Balanced Portfolio (89)	\$ _____ %
<input type="checkbox"/> Equity Income Fund (04)	\$ _____ %	<input type="checkbox"/> SAM Conservative Balanced Portfolio (90)	\$ _____ %
<input type="checkbox"/> LargeCap Growth Fund (12)	\$ _____ %	<input type="checkbox"/> SAM Conservative Growth Portfolio (93)	\$ _____ %
<input type="checkbox"/> LargeCap Growth Fund I (10)*	\$ _____ %	<input type="checkbox"/> SAM Flexible Income Portfolio (96)	\$ _____ %
<input type="checkbox"/> LargeCap S&P 500 Index Fund (13)	\$ _____ %	<input type="checkbox"/> SAM Strategic Growth Portfolio (94)	\$ _____ %
<input type="checkbox"/> LargeCap Value Fund (14)	\$ _____ %		
<input type="checkbox"/> Capital Appreciation Fund (98)	\$ _____ %		
		<b>Other</b>	
		<input type="checkbox"/> _____	\$ _____ %

## 8. Automated Features

**Automatic Investment Plan (AIP)** (please also complete Section 10 of this application)

This option allows you to automatically invest a minimum of **\$100 per Fund** from your bank account into your Principal Funds account. **Please allow 3 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 15<sup>th</sup> 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.

Fund Name	Dollar Amount <small>(see above for investment minimums)</small>	Frequency	Start Date <small>(MM/DD/YYYY)</small>
_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____
_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____
_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____
_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____

**Automatic Exchange Election (AEE)**

This option allows you to automatically exchange from one Fund to another:

From Fund Name	To Fund Name	Dollar Amount	Frequency	Start Date <small>(MM/DD/YYYY)</small>
_____	_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____
_____	_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____
_____	_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____
_____	_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	_____

## 9. Reduced Sales Charges

Certain individuals, groups, and/or entities, as defined in the current prospectus, may purchase Class A shares at a reduced or eliminated sales charge. Please review the information below and indicate if applicable.

**Net Asset Value (NAV) Purchases**

This account is eligible for NAV purchases (no sales charge and no commissions paid) based upon the terms stated in the current prospectus.

Reason: \_\_\_\_\_

**If you are investing \$50,000 or more, your purchases of Class A shares may qualify for a Rights of Accumulation (ROA) discount. Additionally, if you intend to make future purchases totaling \$50,000 or more, you may also be eligible for a reduced sales charge by entering into a Statement of Intent (SOI) agreement. It is the responsibility of the shareholder and the Investment Representative to notify Principal Funds at the time of purchase if the initial sales charge should be reduced or eliminated. Please review the prospectus for detailed information regarding your ROA and SOI options.**

**Statement of Intent (SOI) for Class A Shares**

I/We agree to the terms of the Statement of Intent and provisions for redemption of shares as set forth in the current prospectus. Although I/we am/are not obligated to do so, it is my/our intention to invest over a 13-month period in shares in one or more Funds (Purchases of Class A shares of Money Market Fund are not included) in an aggregate amount at least equal to the amount indicated below:

\$50,000     
  \$100,000     
  \$250,000     
  \$500,000     
  \$1,000,000

**Rights of Accumulation (ROA) for Class A Shares**

I/We own Class A, B, C, or J shares in other Principal Funds accounts (excluding initial purchases in Class A shares of Money Market Funds) which may entitle this purchase to have a reduced sales charge under the provisions in the current Principal Funds prospectus. My/Our other account numbers, including accounts held by my/our spouse(s), domestic partner(s), children under 25, dependents for whom I/we serve as legal guardian, and trusts created by or primarily for the benefit of such persons, are listed below.

**Applicable Account Numbers and/or SSN:**


## 10. Bank Information

Automated Clearing House (ACH) purchases/redemptions are transferred free of charge on the second business day following the request. 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. It may take additional business days for your bank account to reflect this activity. If establishing an Automatic Investment Plan, please allow 3 business days for your bank account information to be established and validated.

**\*Your request may require a Medallion Signature Guarantee Stamp. Please see section 12 for details.**

Bank Name \_\_\_\_\_ ABA Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

**Checking Account** (please tape a preprinted voided check below)

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

JOHN DOE  
1234 MAIN STREET  
ANYTOWN, IA 12345

01044

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_

⑆ 123404567⑆ 123456789⑆ 01044

1 2

1 Bank Routing Number  
(requires 9 digits)

2 Bank Account Number

*Proof of account must include bank account registration, bank account number, ABA routing number and include a bank employee signature on bank letterhead.*

## 11. Investment Representative Information

**This section MUST be completed by your Investment Representative. Incomplete information will cause a delay in processing the investment. Both Investment Representative and Dealer signatures are required in this section.**

This application for the purchase of shares complies with the terms of the applicable agreement with Principal Funds Distributor, Inc., and with the current Principal Funds prospectus. I hereby authorize Principal Shareholder Services, Inc. and its appointed sub transfer agent, to act as my Agent in connection with transactions under this application and I agree to notify Principal Shareholder Services, Inc. ("PSS") or its appointed sub-transfer agent of any purchases of shares which may be eligible for a reduced or eliminated sales charge.

Dealer Name \_\_\_\_\_

Investment Representative's First Name, Middle Initial, Last Name (List all Investment Representatives' names if Joint Profile) \_\_\_\_\_

Investment Representative's Branch Office Address, City, State, Zip \_\_\_\_\_

Branch Number \_\_\_\_\_

Investment Representative Number \_\_\_\_\_

( \_\_\_\_\_ )

Telephone Number \_\_\_\_\_

Extension \_\_\_\_\_

Investment Representative's Signature \_\_\_\_\_

Authorized Dealer Signature \_\_\_\_\_

## 12. Disclosures/Taxpayer Certification/Account Owner Signatures

### 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. Principal Funds does not accept accounts that are for the benefit of a business/organization that is illegal under Federal and/or State law (such as a marijuana clinic), or a person who owns or receives income from such an entity or whose source of funds is illegal.

#### Disclosures and Agreement

The person(s) signing as Grantor/Depositor below hereby establishes a Principal Funds Education Savings Account and appoints Principal Life Insurance Company as Custodian and acknowledges Principal Shareholder Services, Inc. and its appointed sub transfer agent, act as Agent for the Custodian. I/We direct that contributions to the Account Beneficiary's Education Savings Account be invested as specified by this Application. I understand that IRS Notice 97-60 and the Custodial Agreement are parts of this Application, and I agree to their terms.

I/We am/are of legal age, have received and read the Disclosure Statement, Custodial Agreement and prospectus, agree to their terms and understand that by signing below:

(a) neither Principal Shareholder Services, Inc. nor Principal Funds is 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 Number within Section 1, 2 and 3 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 Fund, Principal Shareholder Services, Inc., nor its 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 effected for this account) believed by it to be genuine and in accordance with the procedures described in the prospectus; (d) by signing below, I consent to having mailings of prospectuses and other fund materials for my account combined with mailings for other accounts held by members of my household to avoid receipt of multiple copies. I also understand that my account information will be included with other household accounts on the same quarterly and annual statements; (e) I/We have been advised by Custodian or by the Custodian's Agents to consult with my/our legal or tax advisor regarding the possible tax consequences of distributions. I/We acknowledge that the Custodian, Principal Shareholder Services, Inc., and/or its appointed sub transfer agent, shall not be held responsible for the authenticity of instructions received by telephone (which shall be recorded) reasonably believed to be genuine and I/we will bear the risk of possible losses resulting from an unauthorized and fraudulent telephone transaction; (f) if the Statement of Intent option has been selected my/our signature below certifies to the terms indicated in the prospectus; (g) if banking information has been provided in Section 10 of the Application, I/we understand ACH purchase/redemption proceeds are transferred on the second business day following the request, at no charge, and bank wire purchase/redemption proceeds are transferred on the next business day, if requested before the close of the New York Stock Exchange, for a fee; (h) it is my/our responsibility to read the prospectus; (i) if additional information is required for this Application, all disclosures, certifications and notices provided on the Application shall be applicable to such information; (j) 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 form and, if signing on behalf of the beneficial owner, represent and warrant I/we am/are duly authorized to sign this Application form and to purchase, exchange and redeem shares, or if a bank account is listed in Section 10 of this Application, deposit and withdraw fund(s) on behalf of the beneficial owner; (k) I consent to the annual custodial fee as described in the Custodial Agreement; (l) I certify that this account is not being open by or on behalf of a business/organization that is illegal under Federal and/or State law (such as a marijuana clinic), or a person who owns or receives income from such an entity or whose source of funds is illegal, (j) I agree to be contacted by Principal Shareholder Services ("Principal") or Principal's authorized vendor(s) at the contact number(s) I've provided to Principal or its authorized vendor, for services such as: account maintenance, verification of instructions and/or client information, other product or service offerings, etc., as applicable.

#### Taxpayer Identification Number Certification

As required by federal law, I/we certify under penalties of perjury that: (1) the Social Security Number(s) provided above is/are correct; (2) the IRS 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 Internal Revenue Service does not require your consent to any provision of the Application other than the certification required to avoid backup withholding.**

\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Signature of Account Grantor/Depositor (if different)

\_\_\_\_\_  
(MM/DD/YYYY)

#### Medallion Signature Guarantee:

\_\_\_\_\_  
Bank Account Owner's First Name, Middle Initial, Last Name

\_\_\_\_\_  
Bank Account Owner's First Name, Middle Initial, Last Name

\_\_\_\_\_  
Bank Account Owner's Signature

\_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Bank Account Owner's Signature

\_\_\_\_\_  
(MM/DD/YYYY)

#### Medallion Signature Guarantee:

#### Medallion Signature Guarantee:

**A Medallion Signature Guarantee stamp is required for each Principal Account Owner's signature if you are establishing bank information AND a voided check/deposit slip is NOT included, or if you are establishing bank information AND there is NOT a common owner between the registrations of the Principal Account and the Bank Account (we also require a signature and a Medallion Signature Guarantee stamp for each Bank Account Owner).** The signature(s) must be guaranteed by a commercial bank, trust company, credit union, savings and loan, national securities exchange member, or brokerage firm that participates in a Medallion program recognized by the Securities Transfer Association. A signature guaranteed by a notary public or savings bank is not acceptable.