

Principal Funds PO Box 219971 Kansas City, MO 64121-9971

Overnight Mail:

430 W 7th St, Ste 219971 Kansas City, MO 64105-1407

800-222-5852 PrincipalFunds.com

Education Savings Account (ESA) Transfer Request

- Use this form to process a rollover of an Education Savings Account.
- If you are establishing a new Principal Funds Education Savings Account, please complete an Education Savings Account Application in addition to this form.
- If you are transferring money from more than one institution, please complete a separate Education Savings Account Transfer form for EACH institution.
- Please note: If the original account specified whether the parent/legal guardian could change the designated beneficiary in the future, the account at Principal Funds must be set up in the same manner.
- Please type or print clearly.

| 1. Account Registration and Customer Identification Information | | | | |
|---|--|--|--|--|
| Principal Life Insurance Company for the Benefit of: | | | | |
| | | | | |
| Account beneficiary's first name, middle initial, last name | Responsible individual's first name, middle initial, last name | | | |
| xxx-xx | | | | |
| Account beneficiary's social security number (last four digits) | Account beneficiary's date of birth (MM/DD/YYYY) | | | |
| | | | | |
| Account beneficiary's mailing address | | | | |
| | | | | |
| City, State, Zip | | | | |
| | | | | |
| Contact telephone number | | | | |
| | | | | |
| 2. Transfer Instructions for Resigning Cust | odian | | | |
| A. Where are your funds currently invested? | | | | |
| | | | | |
| | (| | | |
| Name of custodian | Phone number | | | |
| | | | | |
| Custodian address (no P.O. box address) | | | | |
| | | | | |
| City, State, Zip | Account number(s) | | | |
| B. Amount to Transfer? | | | | |
| Liquidate partial amount \$OR | Liquidate all (approximate amount expected) \$ | | | |
| Liquidate upon the maturity date of / / | OR Liquidate immediately | | | |
| ☐ Transfer Principal Fund shares in kind ☐ All or ☐ partial | shares | | | |

| 3. Investment Instruction | is for Principal Fi | unds | | |
|--|-------------------------------|-------------------------------|--|--------------|
| Minimum initial investment amount for a investment selections may be made on Shareholder Services, Inc., and its appoint | the ESA Application. Pri | ncipal Life Insurance Compa | | |
| Transfer to (please check one): | - | • | | |
| ☐ Invest into my NEW Principal Funds A | ccount (attach applicatio | n) | | |
| ☐ Invest my contribution as instructed be | elow into my EXISTING Pri | incipal Funds Account: | | |
| | | | | |
| Fund name or number | | Amount | Percentage | |
| | | OR | | |
| | | | <u></u> % | |
| | | | % | |
| | \$ | OR | % | |
| DI 5455 DEFED TO 3 | | 0N 50D 4 UST 05 5U | | |
| PLEASE REFER TO I | HE ESA APPLICATION | ON FOR A LIST OF FUN | ID NAMES AND NUMBERS. | |
| 4. Authorization for the | Transfer of Your | Assets | | |
| TO RESIGNING CUSTODIAN: | | | | |
| I have established an Education Savin | gs Account with Princi | pal Funds on behalf of the | Account Beneficiary listed in Section | on 1. Please |
| liquidate the assets as I have describ | | | | |
| be executed as a fiduciary-to-fiduciar of the transferred assets. | y transfer and that her | ther the Account Beneficia | ry nor i will receive or nave access | to any part |
| Please make check payable to: Princi | pal Life Insurance Com | npany FBO [owner's name |] | |
| | pal Funds | | | |
| | 30x 8024 nn, MA 02266-8024 | | | |
| | 22-5852 | | | |
| | | | | |
| Signature of Education Savings Acco | unt Responsible Indivi | dual | Date (MM/DD/YYYY |) |
| Note: Your resigning Custodian may Please contact them for their require | require that your signernts. | nature be guaranteed. | | |
| GUARANTOR | | | ature(s) must be guaranteed by a c | |
| Stamp medallion signature guaran | tee here | | st company, credit union, saving securities exchange member, or | |
| | | firm that | at participates in a Medallion | n program |
| | | | ed by the Securities Transfer Ass e guaranteed by a notary public | |
| | | | ot acceptable. | or savings |
| | | | | |
| | | | | |
| | | | | |
| 5. For Principal Life Insu | ance Company l | Jse Only | | |
| Custodian Acceptance to Resigning C | Custodian | - | | |
| This is to advise you that Principal | | pany will accept appoint | ment as Successor Custodian, ar | nd Principal |
| Shareholder Services, Inc., and its app | ointed sub-transfer ag | ent, will act as its agent. W | e have established an IRS-approved | d Education |
| Savings Account as described above | for the named applicar | nt and the transfer is to be | executed on a fiduciary-to-fiducia | ry basis. |
| 1 1 | | | | |
| 100 | | | | |

Date (MM/DD/YYYY)

Corey Carr Senior Manager Principal Funds, Inc.