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

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

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.

1. Account Beneficiary Registration

Principal Life Insurance Company for the Benefit of:

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

Social Security Number

Date of Birth (MM/DD/YYYY)

Account Beneficiary's Mailing Address

City, State, Zip

( )
Daytime Phone Number

( )
Evening Phone Number

2. Transfer Information

Where are your funds currently invested?

Name of Custodian

( )
Phone Number

Custodian Address (no P.O. Box Address)

City, State, Zip

3. Transfer Instructions

To the resigning Custodian: It is my intention to transfer all or a portion of my account to the Principal Funds. Please liquidate all assets, as indicated below, and transfer the cash proceeds of the following account(s) 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. ***Note: If an Automatic Investment Plan (AIP) is established, other minimums may apply.*** For new accounts, your investment selections may be made on the *Education Savings Account Application.*

Will this Transfer be into an existing Principal Funds ESA?

☐ YES – If Yes, what is your Principal Funds ESA number? _____

☐ NO – If No, please establish a Principal Funds ESA by completing and attaching a Principal Funds *Education Savings Account 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 ESA APPLICATION
FOR A LIST OF PORTFOLIO/FUND NAMES AND NUMBERS.

5. Authorization for the Transfer of Your Assets

TO RESIGNING CUSTODIAN:

I have established an Education Savings Account with the Principal Funds on behalf of the Account Beneficiary listed in Section 1. Please liquidate the assets as I have described in Section 3 and forward the proceeds to the Principal Funds. I understand that this transfer of assets is to be executed as a fiduciary-to-fiduciary transfer and that neither the Account Beneficiary nor I will receive or have access to 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

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

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

Responsible Individual's Mailing Address

City, State, Zip

( ) | ( )
Daytime Phone Number | Evening Phone Number

E-mail Address

Account Beneficiary's First Name, Middle Initial, Last Name | Date (MM/DD/YYY)

Social Security Number

Signature of Education Savings Account Responsible Individual | 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 *Education Savings Account* as described above for the named applicant and will accept the Transfer of assets on a fiduciary-to-fiduciary basis.

Authorized Signature | Date (MM/DD/YYYY)