



Principal Funds
 PO Box 8024
 Boston, MA 02266-8024

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

800-222-5852
 PrincipalFunds.com

Principal Funds Employer Plan - Primary and Secondary Administrator Assignment

- This form authorizes employer internet access via the Sponsor Service Center located at principal.com. This allows an employer to submit electronic funds transfers (EFT) for contributions from their payroll bank account directly to their employees' Principal Funds account.
- I understand the Sponsor Service Center solution for reporting contribution and employee information requires the use of an IBM compatible PC and Internet access.
- Please type or print clearly

1. Employer Information

Plan Type: <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Payroll Deduction Program (Traditional and Roth IRA only)			
Plan Name			Plan Number
Street Address			
City		State	Zip Code plus 4-digits
Daytime Phone Number () ()	Evening Phone Number () ()	Owner's Name	
E-Mail Address			

2. Primary Administrator (Each plan must have one Primary Administrator.) All fields are required.

Name			Date of Birth (MM/DD/YYYY)
Home Street Address			
City		State	Zip Codes plus 4-digits
Daytime Phone Number () ()	Evening Phone Number () ()	<input type="checkbox"/> New Primary Administrator <input type="checkbox"/> Change of Primary Administrator	
Business E-Mail Address			

3. Secondary Administrator (Each plan should have a Secondary Administrator.) All fields are required.

Name			Date of Birth (MM/DD/YYYY)
Home Street Address			
City		State	Zip Codes plus 4-digits
Daytime Phone Number () ()	Evening Phone Number () ()	<input type="checkbox"/> New Secondary Administrator <input type="checkbox"/> Change of Secondary Administrator	
Business E-Mail Address			

4. Signature

Owner or Officer Signature X	Date
--	------

5. Rep Use Only

1. Registered Representative's Name (Please print and sign)	Representative Number	Agency Number
Representative Phone Number	Percentage	
2. Registered Representative's Name (Please print and sign)	Representative Number	Agency Number
Representative Phone Number	Percentage	
Dealer's Name	Authorized Dealer's Signature	
Referring Retirement Sales Office Name/Number		