



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: SIMPLE IRA SEP IRA 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

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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 **New Primary Administrator**

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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 **New Secondary Administrator**

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Business E-Mail Address

4. Signature

Owner or Officer Signature Date

X

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		