



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

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

Principal Funds Trust or Business Authorized Trader Form

1. ACCOUNT INFORMATION	
Entity Name	Tax Identification/Social Security Number

2. AUTHORIZED INDIVIDUAL INFORMATION	
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update (Check One)	
Name	Social Security Number
Date of Birth	Citizenship/Domicile <input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S. Country
Home Street Address (no P.O. Box Addresses), City, State, Zip	
E-mail Address	Home Phone
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update (Check One)	
Name	Social Security Number
Date of Birth	Citizenship/Domicile <input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S. Country
Home Street Address (no P.O. Box Addresses), City, State, Zip	
E-mail Address	Home Phone

3. SIGNATURES	
<p>References in this form to "we" or "us" include Principal Funds and any of its affiliated persons or entities, their successors or assignees. The Authorized Individual named and signing below warrants that s/he is authorized (by documents provided to us, or otherwise) to act on behalf of the Entity named above. The Entity agrees and authorizes each individual named above to independently exercise administrative rights that are offered currently or in the future for all account(s) bearing the Tax Identification/Social Security Number shown above. This includes, but is not limited to, accessing account information and performing various transactions (which may include but are not limited to purchases, withdrawals, and address changes) by various means (including internet and automated telephone systems). Principal Funds will notify each individual named above once access has been granted. All transaction confirmations and other mailings will be sent to the account address on file.</p> <p>The Entity agrees to indemnify and hold us harmless from, and to pay promptly on demand, any and all losses we may incur from the exercise of administrative rights by the individuals named on this form. This form in no way limits any rights we may have under any other agreements.</p> <p>This form shall remain in effect until we receive a revocation in writing at our home office. Revocation shall not affect any loss from the exercise of administrative rights initiated prior to our receipt of the revocation.</p> <p>The information requested above is needed for us to identify the individuals for authentication purposes when they contact us. We may ask for documents, check databases or take other steps to verify identity.* Please complete multiple copies of this form if necessary.</p>	
Authorized Individual for above named Entity (Please Print)	Date
	Signature
Registered Representative Name (Please Print)	X

***Federal law requires us to obtain, verify and record information that identifies each customer opening a new account, which may include persons with authority to effect transactions.**