

A. Customer Information

Name (First)	(MI)	(Last)	Email		
Street Address		City	State	ZIP Code	
<input type="checkbox"/> Check here if this is a change of address and you would like us to update our bank records.					
Home Phone		Work Phone	Cell Phone		
Account #	Date of Birth (mm/dd/yyyy)	Driver's License or State Issued Photo ID #	State Issued		

B. Taxpayer Identification Number Certification

My Federal Tax Identification number or Social Security Number is: _____
(full number required)

Under penalties of perjury, my signature below certifies the number shown on this form is my correct taxpayer identification number **and**:

I am a U.S. citizen (including a U.S. resident alien).
or
 I am a non-resident alien. If so, IRS Form W-8BEN must be completed. The form can be accessed at www.irs.gov.

C. Disclosure Information

Compensation Disclosure: I understand Principal Bank or other companies with which it is affiliated may pay compensation, directly or indirectly, to various intermediaries or selling professionals for the sale or referral of Principal Bank products.

Documents: I confirm I have read the following documents and I have retained a copy of each as a legally binding record of my rights and obligations under my Principal Bank IRA. I agree to the terms and conditions stated on these documents and acknowledge receipt of a completed copy of each on today's date.

- Principal Bank Traditional or Roth IRA Custodial Booklet
- Principal Bank Privacy Notice
- Principal Bank Terms & Conditions, Required Disclosures and Fees

For Terms and Conditions, and other account agreements and documents, please visit www.principalbank.com. In the left navigation, select the Customer Service link, and then Account Disclosures.

D. Customer Signature

As the Account Owner, I acknowledge that I am responsible for the accuracy of the information contained on this signature card. By signing and returning this IRA Signature Card to Principal Bank I am confirming the accuracy of this information. If I fail to complete, sign and return this signature card and provide the Custodian (Principal Bank) with accurate information, the payment of the IRA proceeds to me may be delayed or, if the Custodian is unable to locate me, may be forfeited under state property laws. The information provided on this form will be used to update my records.

Signature X	Date (mm/dd/yyyy)
Custodian (Principal Bank Representative) Signature X	Date (mm/dd/yyyy)

Note: Beneficiary information does not carry over from a 401(k) plan. If you would like to add a beneficiary, please complete an IRA Designation of Beneficiary form.

E. Mailing Instructions

Please mail or fax to:	<u>Regular:</u>	<u>Overnight:</u>	<u>FAX:</u>
	Principal Bank PO Box 9351 Des Moines, IA 50306-9351	Principal Bank 711 High Street Des Moines, IA 50392	1-866-673-8828

Phone: 1-800-672-3343 (7am-7pm CT; M-F)

Fax: 1-866-673-8828

Member FDIC

www.principalbank.com



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 PO Box 9351
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A member of the Principal Financial Group®

AFFIDAVIT OF IDENTITY

The Affidavit of Identity is used to authenticate your identity and verify your signature. This form will need to be completed and signed in the presence of a Notary Public.

STATE OF _____)
) ss
 COUNTY OF _____)

I, the affiant herein, being first duly sworn upon oath does hereby state:

1. That my legal name is _____
2. That my U.S. Government number (SSN or ITIN) is _____
3. That my current **Physical Address** is (will not accept a PO Box) _____
4. That my date of birth is _____
5. That I did present to my Notary Public, as proof of my identity, a valid state/U.S. government issued Photo ID
Type: **Drivers License** **Identification Card** **Other (please describe)** _____
Issued in the State of: _____ (required if Drivers License or ID Card selected)
Number: _____
6. That the purpose of this Affidavit is to establish and verify that the Affiant is the same as the individual who is a customer of Principal Bank.
7. That the Affiant understands that falsification in any degree of this Affidavit is a felony criminal offense and will subject such Affiant to prosecution to the fullest extent of the law.

Signature of Affiant _____ Date: _____

Print full legal name of Affiant _____

Current Telephone Number of Affiant _____

Notary Public: Information in this section to be completed by a Notary Public.

* Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____ (Affiant), proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
 Notary Public

Seal:

*NOTE: Notary Public may attach state specific acknowledgement when required.

Mailing Instructions (Do Not Fax this Form. To avoid delays in processing, please MAIL this and any accompanying form(s) together.)

Return the original affidavit to:

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 Principal Bank
 P.O. Box 9351
 Des Moines, Iowa 50306-9351

Overnight:
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