



Principal Funds
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Overnight Mail:
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 Canton, MA 02021-2809

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 PrincipalFunds.com

Principal Funds IRA Rollover Statement

- Use this form when moving money you have received from an IRA or as an eligible rollover distribution from a retirement plan (i.e., Qualified Plan or 403(b) Plan) to an existing Principal Funds IRA. The Internal Revenue Code specifies how quickly rollovers must be completed, how the Custodian must report the rollover, and only allows one rollover from an IRA to an IRA in any 12 month period, regardless of the number of IRAs you own.
- Please type or print clearly.

1. Account Registration and Customer Identification Information

Please provide your current address and account information so we can ensure that your account is up to date.

First Name, Middle Initial, Last Name

Social Security Number

Date of Birth (MM/DD/YYYY)

Legal Street Address (no P.O. Box Addresses), City, State, Zip

Mailing Address (if different from above), City, State, Zip

Contact Telephone Number

E-mail Address

2. Investment Direction

Please invest this rollover contribution into my existing **Principal Funds IRA** as follows:

<u>Fund/Account Number</u>	<u>Rollover \$ or %</u>
_____	_____
_____	_____
_____	_____
_____	_____

3. Source of Funds

Please indicate the type of account you are rolling over.

Traditional/SEP IRA

403(b)

Roth IRA

401(k)

SIMPLE

Other _____

4. Rollover Eligibility Acknowledgement

As required by IRS regulations, I understand that in order for my funds to be eligible for rollover treatment:

- The funds I am rolling over from my distributing IRA or Qualified Retirement Plan must be deposited within 60 days after they were received by me.
 - If the funds being rolled over are proceeds from an IRA, it has been at least 12 months since my last tax-free rollover.
- I have missed the IRS' 60 day rollover deadline and I have attached the IRS' Certification for Late Rollover Contribution.

5. Signature and Certification

I certify that I have satisfied all IRS rules and regulations applicable to this rollover contribution. I assume full responsibility for this rollover transaction and will not hold the Custodian (Principal Life Insurance Company), Principal Funds, Inc., Principal Shareholder Services, Inc., or Principal Funds Distributor, Inc. liable for any adverse consequences that may result. Due to important tax consequences of IRA rollover contributions, I understand it is prudent to seek the advice of a professional tax advisor. I understand that my election to treat this contribution as a rollover contribution is irrevocable. Under penalty of perjury, I certify that the Social Security Number shown in Section 1 is correct.

 Principal Account Owner's/Authorized Signer's Signature

 Date (MM/DD/YYYY)