



Principal Funds
P.O. Box 8024
Boston, MA 02266-8024

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

800-222-5852
PrincipalFunds.com

Qualified Plan Enrollment Form

- Use this form to enroll in your employer's investment-only plan, such as a 401(k), Profit-Sharing, or Money Purchase Pension plan (for use by plan participants).
- Please type or print clearly

1. Participant Information

Complete all the information requested in this section. Your employer can confirm your date of employment or, if applicable, your rehire date.

| | | |
|---------------------------------------|------------------------|-------------|
| First Name, Middle Initial, Last Name | | |
| Date of Birth (MM/DD/YYYY) | Social Security Number | |
| Daytime Phone Number | Date of Employment | Rehire Date |
| Street Address | | |
| City, State, Zip | | |
| E-mail Address | Employer | |

2. Salary Deferral Agreement (only applicable on 401(k) plans)

Indicate in this section the amount of your salary you want to defer. This amount will be invested by your employer in the Principal Funds you select in Section 3.

Reduce my current and future compensation each pay period by: \$ _____ or _____ % of pay (enter 0% here if you choose not to defer). Please refer to your Summary Plan Description for contribution limits and restrictions on changing your contribution amount. This agreement applies to amounts earned until changed by me in writing. I understand my Plan Sponsor may need to reduce my deferral percentage when required to meet certain plan limits.

3. Investment Direction (Indicate the percentage of each contribution to be invested in the Principal Funds.)

Indicate in this section the portion of your contributions to be directed to the Fund or Funds you choose. The total of all contributions must equal 100%. Write the Fund you select in the "Fund Name" column.

Complete this section even if you elect not to defer.

| Class A Shares | Fund Name | Allocation Percentages |
|----------------|-----------|------------------------|
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| Total | | 100 % |

4. Signature

The enrollment form must be signed exactly as your name appears in Section 1.

| | |
|-------------------------|------------|
| Participant's Signature | MM/DD/YYYY |
|-------------------------|------------|

RETURN THE COMPLETED, SIGNED FORM TO YOUR EMPLOYER. EMPLOYER-KEEP A COPY OF THIS FORM AND RETURN THE ORIGINAL TO PRINCIPAL FUNDS.