



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

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

Qualified Plan Enrollment Form

1. **Participant Information** (Please Print)

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 Investors Fund you select in Section 3.

Reduce my current and future compensation each pay period by: \$ _____ or _____ % of pay (enter 0% here if you if you choose not to defer). 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. Please refer to your Summary Plan Description for additional contribution limits and restrictions on changing your contribution amount.

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