



Principal Bank Safe Harbor IRA Technical Specification

This document contains the technical specifications for transmitting Safe Harbor IRA's to Principal Bank. Each transmission to Principal Bank should include an account file. For the layout of this file, refer to Appendix A of this document. Principal Bank supports the following file transmission and file format options:

File Transmission

Principal Bank offers a web-based solution to securely exchange data files between the Bank and external companies. Principal Bank will issue a User ID and password to log into the website.

File Format

1. Comma Separated Values (CSV) – To create a CSV file, complete the following steps:
 - a. Open Microsoft Excel
 - b. Create file
 - c. Select 'File – Save As'
 - d. In the 'Save As Type' field, select CSV
2. XML – Principal Bank supports standard IFX message format.

Appendix A: SAFO Account File Specifications

File Naming Convention

File names should begin with SAFO followed by the Plan Administrator Identification Number – i.e. SAFO444555666.csv

File Layout

Column Name	Definition	Required/ Optional	Data Type	Maximum Data Length	Format	Example
PLAN_SPONSOR_ID	Plan Sponsor EIN	R	INTEGER	9		111222333
ADMIN_ID	Plan Administrator EIN	R	INTEGER	9		444555666
TRANSFER_TYPE	Type of transfer - additional benefit or new rollover	R	CHAR	1	A = Additional Benefit to Existing Traditional Account N = New Traditional Rollover Account R = New Roth Rollover Account RA = Additional Benefit to Existing Roth Account	A or N or R or RA
PLAN_ID	Plan Identification Number	R	CHAR	10		ABC1234567
PLAN_STATUS	Active or Terminated	R	CHAR	1	A = Active T = Term	A or T
AMOUNT	Amount	R	DECIMAL	13,2	Including decimal	1000.00
SSN	Social Security Number of the Participant	R	CHAR	9	No dashes; include leading zeros	123456789
BIRTH_DT	Birth Date of the Participant	R	DATE	10	yyyy-mm-dd or mm/dd/yyyy	1950-01-01
FIRST_NM	First Name of the Participant	R	CHAR	25		John
MIDDLE_NM	Middle Name or Middle Initial of the Participant	O	CHAR	25		M or Martin
LAST_NM	Last Name of the Participant	R	CHAR	25		Doe
ADDR_LINE1	Address Line 1 of the Participant	R	CHAR	40		123 Main Street
ADDR_LINE2	Address Line 2 of the Participant	O	CHAR	40		
CITY	City of the Participant	R	CHAR	32		Anywhere
STATE	State of the Participant	R	CHAR	2		IA
ZIPCODE	Zip of the Participant	R	CHAR	9	No dashes; include leading zeros	503251234 or 50325

Sample SAFO Account File

PLAN_SPO NSOR_ID	ADMIN_ID	TRANSFER _TYPE	Plan_ID	AMOUNT	SSN	BIRTH_DT	FIRST_ NM	MIDDLE_ NM	LAST_ NM	ADDR_ LINE1	ADDR_ LINE2	CITY	STATE	ZIPCODE
111222333	444555666	N	366776	4750.75	123456789	1970-05-25	John	M	Doe	123 Main Street		Des Moines	IA	50325
111222333	444555666	N	56888	2500.25	999999999	1952-09-05	Sally	Louise	Smith	550 Cherry Lane	PO Box 10	New York	NY	10020
111222333	444555666	A	722698	125.60	888823567	1965-12-15	Steve	J	Jones	5430 Franklin Avenue	Apt 22B	Los Angeles	CA	90566

Note: Do not include header row in file transmission.