



Bank

A member of the Principal Financial Group

Principal Bank
P.O. Box 9351
Des Moines, IA 50306-9351
1-800-672-3343
www.principalbank.com

Account Application and Signature Card

For use with UTMA's, guardianships, and conservatorships.

Section 1 – Account Title and Ward Information

Title Name of UTMA, Guardianship or Conservatorship		
Ward Name (first, middle initial, last)	Ward's Social Security Number (SSN/TIN)	Date of Birth

Section 2 – Custodian/Guardian/Conservator 1 Information

Name (first, middle initial, last)		Date of Birth	
Street Address (required)	City	State	Zip Code
Mailing Address (if different than street address)	City	State	Zip Code
Social Security Number (SSN/TIN)	E-Mail Address	Work Phone Number	Home Phone Number
Driver's License Number/State	Mother's Maiden Name (Last name only)	Place of Employment	

Co-Custodian/Guardian/Conservator 2 Information

Name (first, middle initial, last)		Date of Birth	
Street Address (required)	City	State	Zip Code
Mailing Address (if different than street address)	City	State	Zip Code
Social Security Number (SSN/TIN)	E-Mail Address	Work Phone Number	Home Phone Number
Driver's License Number/State	Mother's Maiden Name (Last name only)	Place of Employment	

Co-Custodian/Guardian/Conservator 3 Information

Name (first, middle initial, last)		Date of Birth	
Street Address (required)	City	State	Zip Code
Mailing Address (if different than street address)	City	State	Zip Code
Social Security Number (SSN/TIN)	E-Mail Address	Work Phone Number	Home Phone Number
Driver's License Number/State	Mother's Maiden Name (Last name only)	Place of Employment	

Section 3 - Type of Account(s) Applying for:

<input type="checkbox"/> Checking Account	Initial deposit \$ _____ (\$100 min)	<input type="checkbox"/> Savings Account	Initial deposit \$ _____ (\$100 min)
<input type="checkbox"/> Advantage Savings	Initial deposit \$ _____ (\$25,000 min)	<input type="checkbox"/> Money Market	Initial deposit \$ _____ (\$2,500 min)
<input type="checkbox"/> Certificate of Deposit (CD)	Initial deposit \$ _____ (\$5,000 min)	<input type="checkbox"/> Change-A-Rate CD	Initial deposit \$ _____ (\$5,000 min)
	Term ___ (mo) Rate ___ %		Rate ___ %

Easy Ladder CD (24 mo) Initial deposit \$ _____ \$25,000 total minimum opening deposit (split evenly if not allocated below)

Choose allocation (\$5,000 min per CD) :	6 mo:	12 mo:	18 mo:	24 mo:
	Rate:	Rate:	Rate:	Rate:

Easy Ladder CD (60 mo) Initial deposit \$ _____ \$25,000 total minimum opening deposit (split evenly if not allocated below)

Choose allocation (\$5,000 min per CD) :	12 mo:	24 mo:	36 mo:	48 mo:	60 mo:
	Rate:	Rate:	Rate:	Rate:	Rate:

Funding Method (for initial deposit):

Check Wire Money Order/Cashiers Check If UTMA, Check from Financial Institution:
 Transfer from Principal Bank Account # _____

Section 4 – Account Information

Overdraft Protection (for Checking accounts)

Check this box if you wish to establish overdraft protection from another Principal Bank transaction account.
 If existing account, Principal Bank Account Number: _____ New Account? Yes No

Check Information (for Checking and Money Market accounts)

Please check the following information wanted in addition to name and street address.

Whose name(s) should appear on checks?

All Custodians/Guardians/Conservators OR Only Custodian/Guardian/Conservator 1

Which phone number for Custodian/Guardian/Conservator 1, if any, should appear on checks?

Home Phone OR Work Phone OR No Phone Numbers

Debit/ATM Card Information (for Checking, Savings and Money Market Accounts)

Who should receive a Debit Card or ATM Card? (check all that apply)

Custodian/Guardian/Conservator 1 Co-Custodian/Guardian/Conservator 2 Co-Custodian/Guardian/Conservator 3

Interest Information (for Certificates of Deposit and Change-A-Rate Certificates of Deposit)

How do you wish to handle monthly interest earned?

NOTE: For the Easy Ladder CD products, all interest on all CDs in the ladder will be transferred if you do not compound.

Compound to CD Transfer to Principal Bank Account # _____

Transfer to another financial institution – attach a voided check or savings statement and complete the following:

Institution Name _____ Routing Number _____
 Account Number _____ Is this a checking or savings account? Checking Savings

Section 5 – Certifications and Signatures

Under penalties of perjury, my signature below confirms that on behalf of myself as Custodian/Guardian/Conservator and my ward:

- I agree to the Terms and Conditions associated with this account;
- I have the right, power and authority to act on behalf of my ward;
- I understand that 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's products; and
- All of the information and statements contained in this document are true and correct.

Ward and Custodian/Guardian/Conservator 1 Information Certification (cross off any statement that is not true):

- The number shown in Section 1 of this form is the correct social security number of my ward (or I am waiting for a number to be issued to me).
- My ward is a U.S. person (including a U.S. resident alien).
- My ward is not subject to backup withholding because:
 - a) They are exempt from backup withholding, or
 - b) They have not been notified by the Internal Revenue Service (IRS) that they are subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c) The IRS has notified them that they are no longer subject to backup withholding.
- The number shown in Section 2 of this form is my correct taxpayer identification number.
- I am a U.S. person (including a U.S. resident alien).

Custodian/Guardian/Conservator 1 Signature	Title	Date
X		

Co-Custodian/Guardian/Conservator 2 Information Certification (cross off any statement that is not true):

- The number shown in Section 2 of this form is my correct taxpayer identification number.
- I am a U.S. person (including a U.S. resident alien).

Co-Custodian/Guardian/Conservator 2 Signature	Title	Date
X		

Co-Custodian/Guardian/Conservator 3 Information Certification (cross off any statement that is not true):

- The number shown in Section 2 of this form is my correct taxpayer identification number.
- I am a U.S. person (including a U.S. resident alien).

Co-Custodian/Guardian/Conservator 3 Signature	Title	Date
X		

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