



Principal Bank
PO Box 9351
Des Moines, IA 50392-9351
1-800-672-3343
www.principalbank.com

Add Joint Name to Existing Account

Not to be used for Health Savings Accounts. Please use HSA Authorized Signer Form to add a signer to a Health Savings Account.
By completing, signing and sending the following information to Principal Bank, we agree to the existing terms and conditions of this account # _____.

Current Account Holder Information
Name: _____ SSN#: _____
Address (street): _____
City: _____ State: _____ Zip: _____

New Account Holder Information
Name: _____ SSN#: _____
Address (street): _____ Date of Birth: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone #: _____
(required for online access to account) Mother's Maiden Name: _____

The Social Security Number for New Account Holder (Tax Payer I.D.Number) shown above is my correct Taxpayer Identification Number. Please check the appropriate box below:
[] Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
[] Exempt Recipient - I am an exempt recipient under the Internal Revenue Service Regulations.
[] Non-Resident Alien - I am not a United States person, or if I am an individual, I am neither a citizen nor a resident of the United States.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

For Checking Accounts
[] Please send an ATM/Debit card in the new accountholder's name.
[] Please send a box of checks with all account holder's names printed on the checks. The usual check printing costs will be deducted from your account.
If this checking account has overdraft protection linked to it, please check one of the following:
[] We agree to the existing terms and conditions associated with any overdraft protection on this account and recognize joint responsibility for use and repayment, OR
[] We wish to discontinue any type of overdraft protection associated with this account.

For Money Market Accounts:
[] Please send an ATM card in the new account holder's name.
[] Please send a box of checks with all account holder's names printed on the checks. The usual check printing costs will be deducted from your account.

For Savings Accounts:
[] Please send an ATM card in the new account holder's name.
[] Please link to existing Principal Bank Debit Card # _____

Current Account Holder Signature Date

New Account Holder Signature Date