



A member of the Principal Financial Group

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 number

Current Account Holder Information		
Name:	Social Security Number:	
Address (street):	State:	Zip:
City:		

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

The Social Security Number (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 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.

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 checking 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 Regular and Student Savings Accounts

Please send an ATM card in the new account holder's name.

Current Account Holder Signature _____ Date _____

New Account Holder Signature _____ Date _____

Mail signed form to:
Principal Bank, P.O. Box 9351, Des Moines, IA 50306-9351