



Mailing Address:
 PO Box 9329
 Des Moines, IA 50306-9329

**Principal Life
 Insurance Company**

**Principal Health Savings Account (HSA)
 Request for Rollover Contributions**

The Custodial Account Agreement for the Principal Health Savings Account (HSA) allows Rollover Contributions to be made at any time. By completing this "Request for Rollover Contributions" form you are requesting that Principal Life Insurance Company, Custodian for the Principal HSA, accept your contributions as a Rollover Contribution into the Principal HSA held for your benefit.

Section 1 – Individual Information

Name (first, middle, last)	Social security number
Address (city, state, zip)	
Birth date (MM/DD/YYYY)	Daytime phone ()
HSA Account Number (complete only if account number has already been assigned)	

Section 2 – Eligibility Review

As provided in the Custodial Account Agreement, the Individual shall have the sole responsibility for determining whether any contribution to the Principal HSA qualifies as a Rollover Contribution. The information provided on this form is provided only as general guidance. You should consult with your own legal counsel or tax advisor before completing this form.

This Rollover Contribution is (check whichever one applies):

- From an Archer Medical Savings Account (MSA) to the Principal HSA; or
- From another HSA to the Principal HSA.

You must be able to answer "Yes" to each of the following questions or, generally, you are not eligible to execute a Rollover Contribution.

- a) Are you completing this transaction within 60 days of receiving your distribution from your MSA or your HSA?
 Yes No
- b) Is this your only distribution from your MSA or your HSA, or of the same assets, within the last 12 months?
 Yes No

Section 3 – Definitions and Other Information

"Code" means the Internal Revenue Code of 1986, as amended, or any successor statute.

"Rollover Contribution" means a contribution that satisfies the applicable requirements of Section 223 of the Code. Additional federal income tax information can be obtained from your tax advisor, your local Internal Revenue Service (IRS) office, or at the IRS website: www.irs.gov.

All other applicable provisions of the Principal HSA Custodial Account Agreement shall apply to this transaction.

Section 4 – Certification and Signature

I certify, under penalty of perjury, that all information provided by me on this Request for Rollover Contributions is complete and accurate to the best of my knowledge. I understand that decisions regarding Rollover Contributions have important income tax consequences. I understand that my Custodian cannot provide legal advice nor tax advice, and thus I have been advised to consult with my own legal counsel or tax advisor. I agree to indemnify and to hold the Custodian harmless against any claims or liabilities, whether mine or those of a third party, arising in any way from my decision to proceed with the transaction requested hereby. I assume full responsibility for the consequences of this transaction.

Signature _____ Date _____

Please mail your completed form with your check to: Principal Bank, PO Box 9329, Des Moines, IA 50306-9329