



**Bank**

A member of the Principal Financial Group

Mailing Address:  
P.O. Box 9351  
Des Moines, IA 50306-9351  
800-672-3343  
Fax: 1-866-431-8410

## Transfer In/Direct Rollover Authorization Form

### General Instructions

The resigning trustee/custodian may require additional forms in order to execute this transfer. You should consult with that institution before submitting this form to Principal Bank®.

### Account Information (please print or type)

Name		Social Security Number	
Mailing Address	City	State	ZIP
Email Address	Daytime Phone Number	Evening Phone Number	
Account Type (select below)			
<input type="checkbox"/> IRA to IRA <input type="checkbox"/> SEP IRA to IRA <input type="checkbox"/> SIMPLE IRA to IRA (only after 2 years)* <input type="checkbox"/> 457 to IRA* <input type="checkbox"/> 403(b) to IRA* <input type="checkbox"/> Qualified Plan to IRA* <input type="checkbox"/> IRA to Roth IRA Conversion <input type="checkbox"/> Roth IRA to Roth IRA <small>* Constitutes a Rollover and not a Trustee to Trustee Transfer</small>			
Type of Rollover			
<input type="checkbox"/> Total <input type="checkbox"/> Partial			

### Resigning Trustee/Custodian & Account Information

Trustee/Custodian Name	Account Title/Registration	Account Number	
Mailing Address	City	State	ZIP
Contact Name	Contact Phone Number	Contact Fax Number	

### Notice to Account Holder

All assets to be transferred must be listed below along with the account number(s) with dollar and/or share values. It is your responsibility to verify the assets to be transferred can be liquidated.

The IRS rules require that when you reach age 70 1/2, you must begin taking a payment from your retirement account(s) each year. If you do not receive your minimum payment before the deadline, the IRS may penalize you up to 50 percent of the amount of your required distribution. The amount of your minimum payment is recalculated each year based on your estimated life expectancy and account balance.

## Direct Rollover Instructions

Payment Schedule and Investments (select one):

- Send the assets at maturity for each of the investments  
 Immediately liquidate and send cash proceeds  
 Liquidate the investments as indicated below and send cash proceeds

## Assets

Cash/Money Market		Account Number	Amount or %
Mutual Funds			
Investment Name	Account Number	Liquidate	Shares or %
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
Limited Partnerships			
Investment Name	Account Number	Liquidate	Shares or %
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
Stocks/Bonds			
Investment Name	Account Number	Liquidate	Shares or %
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
Other Investments			
Investment Name	Account Number	Liquidate	Shares or %
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	
		<input type="checkbox"/> Immediate <input type="checkbox"/> At Maturity	

## Signatures

I authorize you to liquidate any nontransferable proprietary money market investment and transfer the proceeds to my new trustee/custodian. I authorize you to deduct any fees due to effect this transfer. If my account does not have enough cash to cover any and all fees, I authorize you to liquidate the assets in my account to the extent necessary to satisfy all fees.

<b>X</b>	
Account Owner Signature	Date

Send completed form to:

**Regular Mail:**  
 Principal Bank  
 P.O. Box 9351  
 Des Moines, IA 50306-9351

**Overnight Mail:**  
 Principal Bank  
 6200 Park Avenue, Suite 100  
 Des Moines, IA 50321

## This Section to Be Completed By Principal Bank

Principal Bank hereby accepts the appointment as successor trustee/custodian on the above mentioned account and assets outlined on this form. Send checks made payable to Principal Bank and mailed to one of the addresses above.

<b>X</b>	
Authorized Signature Principal Bank	Date Signed

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 Member FDIC/Equal Housing Lender  
 A member of the Principal Financial Group®