

Please complete and return this form.



Mailing Address:  
P.O. Box 9351  
Des Moines, IA 50306-9351

Principal Bank

# Plan Term IRA or Safe Harbor IRA Signature Card

## Section 1 – Account Owner Information

As the Account Owner, I acknowledge that I am responsible for the accuracy of the information contained on this signature card. By signing and returning this IRA Signature Card to Principal Bank I am confirming the accuracy of this information. If I fail to complete, sign and return this signature card and provide the Custodian, Principal Bank, with accurate information, the payment of the IRA proceeds to me may be delayed or, if the Custodian is unable to locate me, may be forfeited under state property laws. The information provided on this form will be used to update your records.

Name of Account Owner (first, middle, last)		Account Number	
Street Address (required)		Email Address (used by Principal only)	
City	State	ZIP Code	
Mailing Address (optional)			
City	State	ZIP Code	
Birthdate (MM/DD/YYYY)	Home Phone Number	Driver's License or Photo ID Number	State Issued

Federal Tax ID number or Social Security Number

required

Please check the box below if it applies to you.

**Nonresident Alien:** I am neither a citizen nor a resident of the United States.

## Section 2 – Disclosure Information

**Compensation Disclosure:** 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 products.

**Documents:** I confirm that I have read the following documents and that I have retained a copy of each as a legally binding record of my rights and obligations under my Principal Bank IRA. I agree to the terms and conditions stated on these documents and acknowledge receipt of a completed copy of each on today's date.

- Traditional or Roth IRA Custodial Booklet
- Principal Bank Terms & Conditions and Required Disclosures
- Principal Bank Schedule of Fees
- Privacy Notice

## Section 3 – Account Owner Information

By signing this document, I confirm the accuracy of my information provided.

Signature of Account Owner

Date (MM/DD/YYYY)

X

Signature of Custodian (Principal Bank Representative)

Date (MM/DD/YYYY)

X

**Note: Beneficiary information does not carry over from a 401(k) plan. If you would like to add a beneficiary, please complete an IRA Designation of Beneficiary form.**

**For Terms and Conditions and other account agreements, please go to [www.principalbank.com](http://www.principalbank.com). In the left navigation, select the Customer Service link, and then Account Disclosures.**

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**Principal Bank**  
 PO Box 9351  
 Des Moines, IA 50306-9351  
 1-800-672-3343  
 www.principalbank.com  
*A member of the Principal Financial Group®*

## AFFIDAVIT OF IDENTITY

**The Affidavit of Identity is used to authenticate your identity and verify your signature. This form will need to be notarized.**

STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

I, the affiant herein, being first duly sworn upon oath does hereby state:

1. That my legal name is \_\_\_\_\_
2. That my U.S. Government number (SSN or ITIN) is \_\_\_\_\_
3. That my current **Physical Address** is (will not accept a PO Box) \_\_\_\_\_
4. That my date of birth is \_\_\_\_\_
5. That I did present to my Notary Public, as proof of my identity, a valid state/U.S. government issued Photo ID  
**Type:**  **Drivers License**    **Identification Card**    **Other (please describe)** \_\_\_\_\_  
**Issued in the State of:** \_\_\_\_\_ (required if Drivers License or ID Card selected)  
**Number:** \_\_\_\_\_
6. That the purpose of this Affidavit is to establish and verify that the Affiant is the same as the individual who is a customer of Principal Bank.
7. That the Affiant understands that falsification in any degree of this Affidavit is a felony criminal offense and will subject such Affiant to prosecution to the fullest extent of the law.

Signature of Affiant \_\_\_\_\_

Print full legal name of Affiant \_\_\_\_\_

Current Telephone Number of Affiant \_\_\_\_\_

**Notary Public:**

\* Subscribed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Affiant), proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
 Notary Public

Seal:

\*NOTE: Notary Public may attach state specific acknowledgement when required.  
 Return the original of this Affidavit to:  
 Principal Bank  
 P.O. Box 9351  
 Des Moines, Iowa 50306-9351