



Mailing Address:
Des Moines, IA 50392-0001

Principal Life Insurance Company | **Rollover Declaration**

CTD 01314

The plan participant and plan sponsor must complete this form.

Participant Information (Please Print or Type)	Plan Sponsor Name	Contract Number	Location Number
	Participant Name	Social Security Number	
	Birthdate / /	Date of Employment / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Investment Election List your investments.	Investment(s)	Percentage	Show the percentage of rollover contribution you want directed to each investment. The column must add up to 100%. This direction applies only to your rollover contribution. When you direct contributions to a Guaranteed Interest Account, you must elect a guarantee period. Your plan sponsor will advise you of the available guarantee period(s). I elect a _____ year guarantee period.
	1. _____	_____ %	
2. _____	_____ %		
3. _____	_____ %		
4. _____	_____ %		
5. _____	_____ %		
6. _____	_____ %		
7. _____	_____ %		
8. _____	_____ %		
9. _____	_____ %		
10. _____	_____ %		
	Total	100 %	

Rollover Information	The assets rolled over into this plan result from a distribution from a: (please check one)	
	<input type="checkbox"/> 401(a) Qualified Plan (pre-tax contributions)	<input type="checkbox"/> Simplified Employee Pension Plan (SEP)
	<input type="checkbox"/> IRA* (pre-tax contributions)	<input type="checkbox"/> 403(b) Plan
	<input type="checkbox"/> Governmental 457 Plan	<input type="checkbox"/> 401(a) Qualified Plan (after tax contributions)**
	<input type="checkbox"/> SIMPLE IRA	
	Amount of Pre Tax Distribution	Amount of After Tax Distribution**
	\$ _____	\$ _____
	*After tax contributions from an IRA may not be rolled to an employer plan	
	**After tax contributions can only be rolled over as a direct Trustee to Trustee transfer	
	Checks must be made payable to: Principal Life Insurance Company FBO (Your Name, SSN)	Please mail this completed form with your check to: The Principal Financial Group P.O. Box 9394 Des Moines, IA 50306-9394
	This form's investment direction applies only to your rollover contribution. If you haven't named a plan beneficiary, please submit Retirement Plan Beneficiary Designation, GP 24488.	

Participant Signature/ Declaration	I may deposit only money that is allowed under my current plan. I have verified with my current employer that these funds can be deposited according to plan provisions.	
	By signing below you declare this information is correct.	
	Participant Signature	Date
	X	

Plan Sponsor Signature	Based on the information above, this rollover contribution is acceptable according to the plan provisions. Principal Life Insurance Company is directed to accept this rollover contribution and keep the appropriate records and accounts.	
	Plan Sponsor or Trustee Signature	Date
	X	

To make the rollover process as easy and convenient as possible, here's a checklist of the steps to follow. If you have questions along the way, the Retirement Specialists' in our Client Contact Center will be glad to help you. Just call 1-800-547-7754 Monday through Friday, 7:00 a.m. to 9:00 p.m. and Saturday 8:00 a.m. to 2:00 p.m. (Central Time).

HOW TO COMPLETE THE ROLLOVER DECLARATION FORM

Section 1 - Participant Information

Complete the Participant Information section on the Rollover Declaration form.

Section 2- Investment Election

Select your investment mix by completing this section.

***Please note:** If we receive your retirement funds before we receive this completed form, your money may be placed into the default investment option. You may transfer these retirement funds to another available investment option within the plan by using The Principal Retirement Service Centersm on the Internet at www.principal.com, if available under your plan. You may also call TeleTouch®, our toll-free, interactive voice response system at 1-800-547-7754. See your current plan sponsor for more information about the electronic services available through your plan.*

Section 3 - Rollover Information

Complete this section to the best of your knowledge. This information will help ensure the accuracy in the processing of your request.

Section 4 - Participant Signature/Declaration

Sign and date the form.

Section 5 - Plan Sponsor Signature

Give the completed form to your current plan sponsor (employer) to sign.

RETURNING THE ROLLOVER DECLARATION FORM

You or your current plan sponsor can return your completed form. You can return this form in one of two easy ways:

By Mail:

Principal Life Insurance Company
P.O. Box 9394
Des Moines, IA 50306-9394

By Fax:

Fax the Completed form to 515-248-3194

CHECK INFORMATION

Contact the financial institution that currently holds your retirement funds to request a rollover. Instruct them that the rollover check should be completed as follows:

Principal Life Insurance Company *(Include no other information on this line.)*
FBO Your Name, Social Security Number, Contract Number

If you have any questions, please don't hesitate to call our Client Contact Center at 1-800-547-7754.