Principal Trust Company

A member of Principal Financial Group

Mailing Address:
P.O. Box 8963
Wilmington, DE 19899-8963
800-209-9010   Fax: 302-999-9554
TRSProcessing@principaltrust.com

Qualified Plan Rollover Declaration Form

I. Participant & Plan Information (Please print or type)

Plan Name		Participant Name		
Participant Address		City	State	ZIP Code
Investment Firm and Account Number	Social Security Number	Daytime Phone Number	E-Mail Address	

Plan Type ☐ Profit Sharing ☐ Individual 401(k)

II. Investment Representative Information

Name			
Address	City	State	ZIP Code
Investment Firm	E-Mail Address	Phone Number	

III. Rollover Information

The retirement funds total value of roll over into this plan result from a distribution from a: *(please check one)*

☐ 401(k) or other Qualified Plan
☐ 403(b) Plan
☐ Governmental 457 Plan
☐ IRA (pre-tax contributions)
☐ SIMPLE IRA
☐ Simplified Employee Pension Plan (SEP)

Total Value of Roll Over
$

☐ My rollover contains After-Tax Contributions:
Amount of non-Roth After-Tax Contributions (i.e., basis): $ ____________________
Please contact us if your rollover consists of Roth 401(k) Contributions.

IV. Steps Required to Invest Your Rollover Distribution

- Verify with the Plan Sponsor that your plan permits rollover contributions.
- Complete the Participant Information form and forward to Principal Trust Company.
- Contact the financial institution that currently holds your retirement funds to request a rollover.
- Make checks payable directly to your investment firm (this will minimize the amount of time needed to invest your retirement plan assets).
- Complete this form with the amount of the rollover including any after-tax contributions.
- Fax a copy to Principal Trust Company at 302-999-9554 or email a copy to TRSProcessing@principaltrust.com.

V. Participant and Plan Sponsor Signatures

I may roll over only retirement funds that are allowed under my current employer's plan. I have verified with my current employer that these retirement funds can be contributed according to retirement plan provisions.
By signing below I declare that this information is correct:

Participant Signature	Date

Based on the information above, this rollover contribution is acceptable according to the plan provisions. Principal Trust Company is directed to accept this rollover contribution. I am aware that it is the Plan Sponsor's responsibility to keep the appropriate records for any after-tax rollovers and to notify Principal Trust Company upon distribution of any after-tax retirement funds.
By signing below I declare that this information is correct:

Plan Sponsor Signature	Date