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)

Employer / Plan Name	Participant Name		
Participant Address	City	State	ZIP Code
Plan Number	G&T Number	Social Security Number	Daytime Phone Number

Plan Type ☐ Profit Sharing ☐ Money Purchase Pension ☐ Individual 401(k)

II. Investment Representative Information

Name			
Address	City	State	ZIP Code
Phone Number	Email Address	Investment Firm	Account Number

III. Rollover Information

The assets rolled over into this plan result from a distribution from a: *(please check one)*

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

Total Pre-Tax Distribution Being Rolled Over $	Total After-Tax Distribution Being Rolled Over $
Total After-Tax Actual Contributions $	

IMPORTANT AFTER-TAX INFORMATION:

- After-tax contributions from an IRA cannot be rolled over to the Individual 401(k) account.
- After-tax contributions can only be rolled over as a direct Trustee-to-Trustee transfer.

IV. Steps Required to Invest Your Rollover Distribution

- Complete Participant Information form and forward to Principal Trust prior to requesting transfer
- Complete and send appropriate Distribution Form to your prior Trustee or Custodian.
- 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 distribution. Pay close attention to the after-tax sections if your prior plan had after-tax contributions. If we do not receive this information, we will treat all funds as taxable at time of distribution.
- 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 deposit only money that is allowed under my current plan. By signing below I declare that this information is correct:

Participant Signature	Date

I certify this deposit is allowed under this plan. By signing below I declare that this information is correct:

Plan Sponsor Signature	Date