



Transfer In Authorization Form

General Instructions

If your investment firm and delivering firm are **ACATS** eligible, you must submit the transfer on an **ACATS** form. This form should only be completed in situations where the account or an asset(s) is not eligible to be transferred via **ACATS**. Please check with your investment firm's operations department for procedures on transferring the account via **ACATS**. A copy of the most recent account statement **must** be attached from your current trustee/custodian. Your request cannot be processed without this information.

Account Information (Please print or type)

<u>Applicant Information</u>	<u>Receiving Investment Firm Information</u> (To be completed by Investment Representative)	
Name:	Firm Name:	
Mailing Address:	Firm Account Number:	
City, State Zip:	Representative Name:	
Daytime Phone Number:	Representative Phone Number:	
Evening Phone Number:	Representative Email:	
Email Address:	Plan Type (select below):	
Social Security Number:	<input type="checkbox"/> IRA	<input type="checkbox"/> Individual 401(k)
	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Profit Sharing
	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Money Purchase Pension
	<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> SIMPLE IRA
Type of Transfer	<input type="checkbox"/> HSA	<input type="checkbox"/> Beneficiary IRA
<input type="checkbox"/> Total	<input type="checkbox"/> ESA	
<input type="checkbox"/> Partial		

Resigning Trustee/Custodian & Account Information

Trustee/Custodian Name:	Plan Type (select below)	
Account Number:	<input type="checkbox"/> IRA	<input type="checkbox"/> Individual 401(k)
Tax ID Number:	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Profit Sharing
Mailing Address:	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA
City, State Zip:	<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Defined Benefit
Contact Name:	<input type="checkbox"/> Inherited Employer Plans	<input type="checkbox"/> 401(k)
Contact Phone Number:	<input type="checkbox"/> HSA	<input type="checkbox"/> 403(b)(7)
Contact Fax Number:	<input type="checkbox"/> ESA	<input type="checkbox"/> 457
	<input type="checkbox"/> MSA	
	<input type="checkbox"/> Money Purchase Pension	

Notice To Participant

All assets to be transferred must be listed below along with the account number(s) with dollar and/or share values. The investment statement(s) must also be attached to this form. If any of this information is not provided this transfer request will be returned to you. You must indicate whether the asset is to be liquidated or reregistered. It is your responsibility to verify the assets are transferred or 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. If you have not taken your minimum distribution prior to this transfer you can visit our web site at www.principaltrust.com and use our RMD Calculator to determine your required payment, or we can assist you in calculating your required payment at no cost to you.

Assets				
Cash/Money Market		Account Number		Amount or %
Mutual Funds				
Investment Name	Account Number	Liquidate	Reregister	Shares or %
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
Limited Partnerships				
Investment Name	Account Number	Liquidate	Reregister	Shares or %
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
Stocks/Bonds				
Investment Name	Account Number	Liquidate	Reregister	Shares or %
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
Other Investments – (Check our website for compatible Investments)				
Investment Name	Account Number	Liquidate	Reregister	Shares or %
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Reregister	

Signatures

Please transfer the assets in my account, as identified above pursuant to the timeframes established by NYSE rule 412 or similar rule of the FINRA. 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.

X

Account Owner Signature

Date

If this account is transferring into a Qualified Plan (Money Purchase Pension, Profit Sharing Plan, or Individual 401 (k) the plan sponsor must certify the transfer/rollover is acceptable according to the plan and trust documents. By signing below, the plan sponsor is certifying that this is true and accurate.

X

Plan Sponsor Signature

Date

Send completed form to:

Principal Trust Company
P.O.Box 8963
Wilmington, DE 19899-8963

This Section to Be Completed By Principal Trust Company

Principal Trust Company hereby accepts the appointment as successor trustee on the above mentioned account and assets outlined on this form. Send checks to:

Authorized Signature Principal Trust Company	Tax ID Number: 51-0099493	Date of Trust	Date Signed
--	------------------------------	---------------	-------------