

**Principal Trust Company**

A member of



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

**Transfer Out  
Authorization Form**

**Only for use in transferring your account to another trustee.**

Please Print or Type

**Current Account Type (Select only one per form)**

- |                                   |  |                                 |  |
|-----------------------------------|--|---------------------------------|--|
| <input type="checkbox"/> IRA      | <input type="checkbox"/> Rollover IRA            | <input type="checkbox"/> SIMPLE | <input type="checkbox"/> 403(b)(7)       |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Limited Partnership IRA | <input type="checkbox"/> SEP    | <input type="checkbox"/> Coverdell ESA   |
| <input type="checkbox"/> *Pension | <input type="checkbox"/> *Individual 401(k)      | <input type="checkbox"/> HSA    | <input type="checkbox"/> *Profit Sharing |
- If there is an after-tax account, check this box and complete another form for the after-tax portion

*\*Employer sponsored plans should only use this form when transferring to another employer sponsored plan. If you are the plan sponsor, we must have a new account number for each participant with a balance in the plan (attached list).*

**Principal Trust Company Customer Account Information**

Name:
Address:
City, State, ZIP:
Phone Number:
Social Security Number:
Brokerage Firm Name:
Brokerage Firm Account Number:

**New Account Information**

Trustee Name:
Address:
City, State, ZIP:
Tax ID Number:
Account Number:
Phone Number:
Type of Account:

- Total Transfer -  Liquidate my entire account **OR**  Reregister my entire account  
**OR**  
 Partial Transfer - Assets to be transferred must be listed below.

**Notice to Account Holder**

All **outside** assets to be transferred must be listed below along with the account number and dollar or share amount. You must indicate whether the asset is to be liquidated or reregistered. **It is your responsibility to verify that the assets are transferable and/or can be liquidated.** If the investment is not held in the brokerage firm account, you must attach an investment statement or this form cannot be processed.

Investment Name	Held in Brokerage Account	Units/ Shares	Dollar Amount	Select One Per Investment
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Liquidate <input type="checkbox"/> Reregister

I understand that all outstanding fees must be paid before the assets are transferred. I further understand that the investment firm will deduct the fees from my account and remit them to Principal Trust Company and that if there is insufficient cash to pay the fees, I must authorize assets to be liquidated or send a check to Principal Trust Company for the amount due.

Customer Signature	Date
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I certify the above information is true and correct. I authorize Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company to approve a transfer of the current account balance, plus future benefits, that may be credited to the participant's account, according to the terms of our plan.

Plan Sponsor (Print Name)	Title
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Plan Sponsor Signature	Date
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Send completed form to:  
Principal Trust Company, P.O. Box 8963, Wilmington, DE 19899-8963      Or via facsimile to: 302-999-9554

**Notice to Investment Representative**

If the receiving and delivering firms are ACATS eligible, you must submit the transfer on an ACATS form. Please check with your operations department for procedures.