

**Principal Trust Company**

A member of



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

**403(b)(7) Transfer In Authorization Form**

**General Instructions**

Use this form to transfer your 403(b)(7) custodial account or other retirement account into your Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company 403(b)(7) Custodial Account.

If you are establishing a new Principal Trust Company 403(b)(7) custodial account, please complete the Application for 403(b)(7) Custodial Account.

Your employer must have a 403(b)(7) Service Provider Agreement on file with Principal Trust Company. This agreement is located within the 403(b)(7) Custodial Account Application Booklet. If this agreement has not been provided, have your employer complete and attach a copy to this form.

A copy of the most recent account statement **must** be attached from your current custodian. Your request cannot be processed without this information.

**Account Information (Please print or type)**

<b>Applicant Information</b>		<b>Receiving Investment Firm Information</b> (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:		<b>Employer Information</b> (To be completed by Employer)	
Social Security Number:		Employer Name:	
		Employer Address:	
<b>Type of Transfer</b>		Phone Number:	
<input type="checkbox"/> Total		EIN Number:	
<input type="checkbox"/> Partial			

**Resigning Trustee/Custodian & Account Information**

Trustee/Custodian Name:	<b>Plan Type</b> (select below)		
Account Number:	<input type="checkbox"/> IRA		
Tax ID Number:	<input type="checkbox"/> SEP IRA		
Mailing Address:	<input type="checkbox"/> SIMPLE IRA		
City, State Zip:	<input type="checkbox"/> Qualified Plan		
Contact Name:	<input type="checkbox"/> 403(b)		
Contact Phone Number:	<input type="checkbox"/> 457(b)		
Contact Fax Number:			

**Accounts to be Transferred**

Cash/Money Market		Account Number		Amount or %
Mutual Funds	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	Account Number	Liquidate	Shares or %
		<input type="checkbox"/> Liquidate	
		<input type="checkbox"/> Liquidate	
		<input type="checkbox"/> Liquidate	
		<input type="checkbox"/> Liquidate	

**Authorization and Acceptance**

**(a) Individual Acceptance**

I hereby agree to the terms and conditions set forth in this Transfer In Authorization and acknowledge having established a Principal Trust Company 403(b)(7) Custodial Account through execution of an application for a Principal Trust Company 403(b)(7) Custodial Account. I understand the transfer/rollover money will now be subject to the distribution rules and restrictions of the Custodial Agreement. I understand that as a result of new Section 403(b) regulations contract exchanges or tax-free transfers must be made in accordance with Treasury Regulation Section 1.403(b)-10(b)(2) and will only be accepted if my employer's 403(b) plan permits such an exchange. I certify that the assets being transferred do not consist of after-tax or Designated Roth Account assets as they are not permitted by the Custodial Agreement.

I understand that the tax law rules governing tax-free transfers to a 403(b) custodial account from another account or annuity contract are complex and that I and my employer are responsible for complying with all such requirements and for the tax results of this transfer. I understand I am responsible for obtaining the authorization of my employer on this form and my employer must have entered into a 403(b)(7) Service Provider Agreement with Principal Trust Company.

I hereby direct the resigning trustee/custodian to liquidate, reregister or transfer the assets in my account as identified above. I authorize you to liquidate any nontransferable proprietary money market investment and transfer the proceeds to my new 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

Signature

Date

**(b) Employer Acceptance**

This is to certify that the Employer identified on this form consents to the transfer as requested on this form. If the transfer represents a contract exchange from another vendor, I certify that the exchange has been made in accordance with 1.403(b)-10(b)(2) and is a permitted exchange under the 403(b) plan.

I further certify that I have entered into a 403(b)(7) Service Provider Agreement with Principal Trust Company as required by regulations.

X

Signature

Date

**(c) Custodian Acceptance (This Section to Be Completed By Principal Trust Company)**

Principal Trust Company hereby accepts appointment as custodian and will deposit any proceeds into the Principal Trust Company 403(b)(7) custodial account.

Authorized Signature Principal Trust Company

Tax ID Number:  
51-0099493

Date Signed

Send completed form to:

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