



NORTHERN CALIFORNIA INSTITUTE FOR  
RESEARCH AND EDUCATION 403(B)  
SAVINGS PLAN  
Principal Life Insurance Company  
Des Moines, IA 50306-9394

# Rollover Form

Contract/Plan ID Number 4-58099  
CTD01314

Follow these simple steps to combine balances from a previous employer's plan with the current plan.


Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Retirement Age \_\_\_\_\_ Date of Original Employment \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have been rehired, complete these dates:  Date of Termination \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Rehire \_\_\_\_/\_\_\_\_/\_\_\_\_

Single  Male  
 Married  Female

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Note: The email address you submit will be used for all services provided by The Principal®. We will not provide your email to third parties. For more information, see our privacy policy at [principal.com](http://principal.com).

## Request Rollover From Prior Financial Institution

- Contact the financial institution that currently holds your retirement funds to request a rollover.
- Instruct them to complete the rollover check as follows:

**Checks must be made payable to:**  
D.C.G. & T.C (d.b.a Principal Trust Company) as Trustee  
for Retirement Plan Clients  
FBO: Your Name  
Contract Number/Plan ID 4-58099

**Please mail this completed form with your check to:**  
The Principal Financial Group  
P.O. Box 9394  
Des Moines, IA 50306-9394

If you have questions or would like assistance in contacting the financial institution to obtain your rollover funds, please call our Client Contact Center at 1-800-547-7754.

## 1 Rollover Information

The retirement funds rolled over into this plan result from a distribution from a: (please check applicable boxes).

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

Name of Financial Institution from which funds are transferring \_\_\_\_\_ Previous Plan/Account Name and Number from which funds are transferring \_\_\_\_\_

The rollover is assumed to be a pre-tax distribution unless specified below:

Amount of non-Roth After-Tax Contributions (i.e., basis) \$ \_\_\_\_\_  
Amount of Roth After-tax Contributions (i.e., basis) \$ \_\_\_\_\_  
Amount of Earnings on Roth After-tax \$ \_\_\_\_\_  
Year 1<sup>st</sup> Roth After-tax Contribution was made \_\_\_\_\_

You may roll over a distribution from a traditional IRA to a plan qualified under Code section 401(a) or (b) annuity or governmental 457(b) plan to the extent that the distribution would be taxable if not rolled over. After-tax contributions in an IRA may not be rolled over to one of these plans. Amounts rolled into a Governmental 457(b) plan other than another governmental 457(b) plan are subject to a 10% early withdrawal tax.

Note: You may rollover a Roth account only into a plan that allows Roth contributions. Please check your Summary Plan Description before rolling over Roth accounts to make sure Roth contributions are available. You may not rollover Roth contributions into a Governmental 457(b) plan.

## 2 My Customized Investment Options

Make your investment election(s) by showing the percentage you want directed to each investment option. The column must add up to 100%. This investment direction applies only to your rollover contribution. If this section is not completed, we will invest your rollover contribution based on your current investment election, if available, or the plan's default investment option.

<b>Short-Term Fixed Income</b>		
Fixed Income Guaranteed Option	.....	_____ %
<b>Fixed Income</b>		
<b>JP Morgan Investment Mgmt Inc.</b>		
JP Morgan High Yield R5 Fund	.....	_____ %
<b>Metropolitan Management</b>		
Metropolitan West Total Return Bond M Fund	.....	_____ %
<b>Balanced/Asset Allocation</b>		
<b>T. Rowe Price Associates, Inc.</b>		
T. Rowe Price Retirement Income Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2005 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2010 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2015 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2020 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2025 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2030 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2035 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2040 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2045 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2050 Advisor Fund	.....	_____ %
T. Rowe Price Retirement 2055 Advisor Fund	.....	_____ %
<b>Large U.S. Equity</b>		
<b>T. Rowe Price Associates, Inc.</b>		
T. Rowe Price Equity Income Fund	.....	_____ %
<b>T. Rowe Price/Brown Advisory</b>		
LargeCap Growth I Inst Fund <sup>B</sup>	.....	_____ %
<b>Vanguard Group</b>		
Vanguard 500 Index Signal Fund	.....	_____ %
<b>Small/Mid U.S. Equity</b>		
<b>AllianceBern / CCI / Brown</b>		
SmallCap Growth I Inst Fund <sup>B</sup>	.....	_____ %
<b>Artisan Mutual Funds</b>		
Artisan Mid Cap Value Fund	.....	_____ %
<b>Goldman Sachs Asset Mgt</b>		
Goldman Sachs Small Cap Value Inst Fund	.....	_____ %
<b>Nuveen Asset Management</b>		
Nuveen Real Estate Securities I Fund	.....	_____ %
<b>Turner / Jacobs Levy</b>		
MidCap Growth III Inst Fund <sup>B</sup>	.....	_____ %
<b>Vanguard Group</b>		
Vanguard Mid Cap Index Signal Fund	.....	_____ %
Vanguard Small-Cap Index Inv Fund	.....	_____ %
<b>International Equity</b>		
<b>Harbor Capital Advisors</b>		
Harbor International Adm Fund	.....	_____ %

**OppenheimerFunds, Inc.**

Oppenheimer Developing Markets Y Fund ..... %  
 Oppenheimer International Growth Y Fund ..... %

**TOTAL of all lines should equal** ..... 100 %

### 3 My Signature (Please sign below after you have completed this form)

I may ROLLOVER only retirement funds that are allowed under the retirement plan. I have verified with my benefits representative that these funds can be deposited according to plan provisions.

**By signing below you declare this information is correct.**

My Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### 4 Plan Sponsor Signature (Please sign below after you have reviewed this form)

Based on the information above, this rollover contribution is acceptable according to the plan provisions. Principal Life Insurance Company is directed to accept this rollover contribution and keep the appropriate records and accounts.

Plan Sponsor or Trustee Name \_\_\_\_\_  
 Plan Sponsor or Trustee Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### 5 Submit Rollover Form and Check

You or your current plan sponsor can return your completed form:

- Check Enclosed  Financial Institution will forward

**Mail to:**  
 Principal Life Insurance Company  
 P.O. Box 9394  
 Des Moines, IA 50306-9394

**Fax to:**  
 1-866-704-3481

B For more information about this investment option, including its full name, please see The Principal Fund, Inc. Profile or visit The Principal Web site at [www.principal.com](http://www.principal.com). Insurance products and plan administrative services are provided by Principal Life Insurance Company. This workbook content is current as of the production date noted below. If there are any discrepancies between this information and the legal plan document, the legal plan document will govern. If the production date is older than six months, you should contact your plan sponsor or log in to [principal.com](http://principal.com) for current retirement plan and investment option information. The member companies of the Principal Financial Group® prohibit the manipulation of this workbook content. If your plan sponsor elects to provide this workbook electronically, The Principal® is not responsible for any unauthorized changes.