

P.O. Box 8024 Boston, MA 02266-8024 800-222-5852

SIMPLE IRA SALARY DEFERRAL CONTRIBUTION FORM

After each employee has returned his or her SIMPLE IRA Application and Salary Deferral Agreement, please use the information provided to complete this form for the initial contribution. Additionally, please convert investment percentages chosen by each employee into dollar amounts. All participants should be listed on this form. Please include account numbers, and if you are adding a new participant, list their Social Security Number instead. When adding new participants their application MUST accompany this form. Unless otherwise noted contributions will be applied based on the fund selection on the participants application. Subsequent contributions will be made using our contribution remitter form.

Please attach a check made payable to: Principal Funds

То:	Principal Funds P.O. Box 8024 Boston, MA 02266-8024						
From:	Company Name				Company Contact		
	Address					Page No.	
	Employee Name	Social Security Number	Account Number	Employer Amount	Employee Amount	Comments	

MAKE COPIES OF THIS FORM FOR ADDITIONAL EMPLOYEES.
EMPLOYER: PLEASE USE THIS FORM FOR THE INITIAL CONTRIBUTION.

WE WILL SEND YOU A CONFIRMATION OF THIS DEPOSIT AND A NEW CONTRIBUTION FORM.