Principal Financial Group

FORKLIFTS OF ST. LOUIS, INC. SAVINGS INCENTIVE PLAN
Principal Life Insurance Company
Des Moines, IA 50306-9394

Rollover Form

Contract/Plan ID Number (3)67951
CTD01314

Instructions: Complete all numbered steps on this form to combine balances from previous employer's plan or Individual Retirement Account (IRA) with the current plan.
NOTE: Be sure to obtain all the signatures required on the form. The rollover cannot be processed without the appropriate signatures.

1 Personal Information *(please print with black ink)*

Name *(Last)* *(First)* *(MI)*

☐ Single ☐ Male
☐ Married ☐ Female

Address

Social Security Number

City State Zip Country

Phone Number

Company

Email Address

Date of Birth

Date of Hire

NOTE: The email address you submit will be used for all services provided by The Principal Financial Group®. We will not provide your email to third parties. For more information, see our privacy policy at principal.com.

2 Request Rollover Funds 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:

Principal Life Insurance Company
FBO: Your Name
Contract/Plan ID Number (3)67951

Check must be mailed to:

The Principal Financial Group
P.O. Box 9394
Des Moines, IA 50306-9394

If you have questions or would like asistance in contacting the financial institution to obtain your rollover funds, please call us at 1-800-547-7754.

3 Rollover Information

The retirement funds you are rolling over are from the following type of plan (please check the applicable box):

☐ 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 where funds are transferring (required):

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

Amount of non-Roth after-tax contributions* $_____

Amount of Roth after-tax contributions* $_____

Amount of earnings on Roth after-tax contributions $_____

Year first Roth after-tax contributions was made _____

** Report the amount of contributions, not including any earnings/losses. You may need to contact your prior employer for this information.*

You may roll over a distribution from a traditional IRA to a plan qualified under Internal Revenue Code §401(a) or or (b), an annuity or a Governmental 457(b) plan to the extent that the distribution would be taxable if not rolled over. After-tax contributions in an IRA (including non-deductible contributions to a traditional 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 percent early withdrawal tax.

Note: You may roll over a Roth account only into a plan that allows Roth contributions. Please check your Summary Plan Description or Plan Document before rolling over Roth accounts to make sure Roth contributions are available.

❹ My Customized Investment Options

Make your investment election(s) by writing the percentage you want directed to each investment option. The column must add up to 100 percent. 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.

Short-Term Fixed Income	
Principal Global Investors	
Money Market Sep Acct ^A	_____%
Guaranteed Interest Accounts/Investments	
(Choose up to 1)	
Guaranteed Interest Account 5 year	_____%
Fixed Income	
Mellon Capital Mgmt	
Bond Market Index Separate Account ^A	_____%
Principal Global Investors	
Bond and Mortgage Sep Acct ^A	_____%
Principal Real Estate Inv	
U.S. Property Sep Acct ^A	_____%
T. Rowe Price Associates, Inc.	
T. Rowe Price International Bond Fund	_____%
Vanguard Group	
Vanguard Long-Term U.S. Treasury Fund	_____%
Balanced/Asset Allocation	

Multiple Sub-Advisors	
Principal LifeTime Strategic Income Separate Account A	_____%
Principal LifeTime 2010 Separate Account A	_____%
Principal LifeTime 2020 Separate Account A	_____%
Principal LifeTime 2030 Separate Account A	_____%
Principal LifeTime 2040 Separate Account A	_____%
Principal LifeTime 2050 Separate Account A	_____%
Vanguard Group	
Vanguard Balanced Index Fund	_____%
Large U.S. Equity	
Delaware Management Company	
Delaware Select Growth A Fund	_____%
Principal Global Investors	
LargeCap S&P 500 Index Separate Account A	_____%
T. Rowe Price Associates, Inc.	
T. Rowe Price Equity Income Fund	_____%
T. Rowe Price Growth Stock Fund	_____%
Vanguard Group	
Vanguard Growth & Income Fund	_____%
Vanguard U.S. Growth Fund	_____%
Small/Mid U.S. Equity	
Delaware Management Company	
Delaware Small Cap Value A Fund	_____%
Principal Global Investors	
MidCap Separate Account A	_____%
SmallCap Blend Separate Account A	_____%
Principal Global/Barrow Hanley	
MidCap Value III Separate Account A	_____%
UBS Global Asset Mgmt (NY)	
UBS U.S. Small Cap Growth A Fund	_____%
International Equity	
Principal Global Investors	
Diversified International Separate Account A	_____%
Other	
Vanguard Group	
Vanguard Health Care Fund	_____%
TOTAL of All lines should equal:	**100%**

5 My Signature (Your signature is **required** to complete the rollover.)

I may roll over 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

X_____ _____/_____/_____

6 Plan Sponsor Signature

[The plan sponsor's (typically your employer's) signature is **required** to complete the rollover.]

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

X_____

Plan Sponsor or Trustee Signature **Date**

X_____ _____/_____/_____

7 Submit Rollover Form and Check

☐ **Check enclosed** ☐ **Prior financial institution will forward**

Check enclosed NOTE: If we do not receive the rollover form within five days of receiving the check, the funds will be returned.

Mail the completed form and/or check to:

Principal Life Insurance Company
P.O. Box 9394
Des Moines, IA 50306-9394

If the prior financial institution is mailing the check to The Principal, you may fax your completed form to: **1-866-704-3481**

For more information about this investment option, including its full name, please visit The Principal Web site at www.principal.com or call 1-800-547-7754 for assistance from a retirement specialist.

Insurance products and plan administrative services are provided by Principal Life Insurance Company.

If you elect to contribute funds into the Principal U.S. Property Separate Account (Separate Account) you may not be able to immediately withdraw funds. We may implement a pre-existing contractual limitation in the group annuity contract, which will allow us to manage the Separate Account and satisfy withdrawal requests over time and fairly among all those who request a withdrawal.

Please log in to principal.com for more details.

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