



Mailing Address:
PO Box 9351
Des Moines, IA 50306-9351

Principal Life
Insurance Company

Principal Health Savings
Account (HSA)
Request for Direct
Transfer – HSA/MSA/IRA

The Custodial Account Agreement for the Principal Health Savings Account (HSA) allows Direct Transfer Contributions to be made at any time. By completing this "Request for Direct Transfer" form you are requesting that Principal Life Insurance Company, Custodian for the Principal HSA, accept your contributions as a Direct Transfer Contribution into the Principal HSA held for your benefit.

Section 1 – Individual Information

Name (first, middle, last) _____ Social security number _____
Address (city) _____ (state) _____ (ZIP) _____
Birth date _____ Daytime phone _____
HSA account number (complete only if account number has already been assigned) _____

Section 2 – Type of Transfer

As provided in the Custodial Account Agreement, the Individual shall have the sole responsibility for determining whether any contribution to the Principal HSA qualifies as a Direct Transfer Contribution. You should consult with your own legal counsel or tax advisor before completing this form.

This Direct Transfer Contribution is (check whichever one applies):

- from another HSA to a Principal HSA; or
- from an Archer Medical Savings Account (MSA) to a Principal HSA; or
- from an Individual Retirement Account (IRA) to a Principal HSA (one-time only).

Section 3 – Transferor Custodian/Trustee Request

My HSA/Archer MSA or IRA custodian/trustee (transferor), _____, should transfer the funds identified in the Transfer Instructions section.

Transferor address: _____

Transferor phone number: _____ Transferor HSA/Archer MSA or IRA account number: _____

Section 4 – Transfer Instructions

Complete my transfer as directed. NOTE: Penalties and market fluctuation may affect the distribution amount.

A. Payment amount (select one):

- My entire HSA/Archer MSA or IRA balance.
- A portion of my HSA/Archer MSA or IRA balance. \$ _____.

B. Delivery Instructions

- (1) Transferee HSA account number: _____
- (2) Make check payable in the name of Principal Life Insurance Company as Custodian for the HSA of _____.

Section 5 – Definitions and Other Information

"Code" means the Internal Revenue Code of 1986, as amended, or any successor statute.

"Direct Transfer" means a tax-free transfer as permitted by the Code or the Tax Relief and Health Care Act of 2006.

All other applicable provisions of the Principal HSA Custodial Account Agreement shall apply to this transaction.

Section 6 – Certification and Signature

I certify, under penalty of perjury, that all information provided by me on this Request for Direct Transfer is complete and accurate to the best of my knowledge. I understand that decisions regarding Direct Transfer Contributions have important income tax consequences. I understand that my Custodian cannot provide legal advice nor tax advice, and thus I have been advised to consult with my own legal counsel or tax advisor. I agree to indemnify and to hold the Custodian harmless against any claims or liabilities, whether mine or those of a third party, arising in any way from my decision to proceed with the transaction requested hereby. I assume full responsibility for the consequences of this transaction.

Signature: _____ Date: _____
Signature of HSA owner (Transferee)

Section 7 – Mailing Information

Please mail your completed, signed form to Principal Bank. Principal Bank will complete the transfer request based on the information provided in Section 4.

Mailing address: Principal Bank
Attn: HSA Dept.
PO Box 9351
Des Moines, IA 50306-9351

For Internal Use Only

Custodian/trustee signature: _____
Principal Life Insurance Company