



The plan participant *and* plan sponsor must complete this form.

CTD 01314

Participant Information (Please Print or Type)	Plan Sponsor Name	Plan ID	Location Number
	Participant Last Name	First Name	Middle Initial
	Social Security Number		
	Date of Birth / /	Date of Employment / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Investment Election	Investment Options	Percentage	
	_____	_____ %	Show the percentage of rollover contribution you want directed to each investment option. The column must add up to 100%. This direction applies only to the rollover contribution.
	_____	_____ %	
	_____	_____ %	
	_____	_____ %	
	_____	_____ %	
	_____	_____ %	
	_____	_____ %	
	_____	_____ %	
	_____	_____ %	
	Total	100 %	

Rollover Information	<p>Prior Plan Administrator or Financial Institution</p> <hr/> <p>The assets rolled over into this plan result from a distribution from a: (please check one)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 401(a) Qualified Plan (pre-tax contributions)</td> <td><input type="checkbox"/> Simplified Employee Pension Plan (SEP)</td> </tr> <tr> <td><input type="checkbox"/> IRA* (pre-tax contributions)</td> <td><input type="checkbox"/> 403(b) Plan</td> </tr> <tr> <td><input type="checkbox"/> Governmental 457 Plan</td> <td><input type="checkbox"/> 401(a) Qualified Plan (after tax contributions)**</td> </tr> <tr> <td><input type="checkbox"/> SIMPLE IRA</td> <td></td> </tr> </table> <hr/> <p>Amount of Pre Tax Distribution \$ _____</p> <p>Amount of After Tax Distribution** \$ _____</p> <hr/> <p>*After tax contributions from an IRA may not be rolled to an employer plan **After tax contributions can only be rolled over as a direct Trustee to Trustee transfer</p> <p><u>Checks must be made payable to:</u> <u>Please mail this completed form with your check to:</u> Delaware Charter Guarantee & Trust Wesleyan Pension Fund, Inc. Company (d.b.a. Tristar Retirement PO Box 50434 Services) as Trustee for Retirement Plan Indianapolis, IN 46250-0434 Customers. FBO (Your Name, SSN)</p> <p>The investment direction selected on this form applies only to your rollover contribution. If you haven't named a plan beneficiary, please submit Retirement Plan Beneficiary Designation, GP24488.</p>	<input type="checkbox"/> 401(a) Qualified Plan (pre-tax contributions)	<input type="checkbox"/> Simplified Employee Pension Plan (SEP)	<input type="checkbox"/> IRA* (pre-tax contributions)	<input type="checkbox"/> 403(b) Plan	<input type="checkbox"/> Governmental 457 Plan	<input type="checkbox"/> 401(a) Qualified Plan (after tax contributions)**	<input type="checkbox"/> SIMPLE IRA	
<input type="checkbox"/> 401(a) Qualified Plan (pre-tax contributions)	<input type="checkbox"/> Simplified Employee Pension Plan (SEP)								
<input type="checkbox"/> IRA* (pre-tax contributions)	<input type="checkbox"/> 403(b) Plan								
<input type="checkbox"/> Governmental 457 Plan	<input type="checkbox"/> 401(a) Qualified Plan (after tax contributions)**								
<input type="checkbox"/> SIMPLE IRA									

Participant Signature/ Declaration	<p>I may deposit only money that is allowed under my current plan. I have verified with my current employer that these funds can be deposited according to plan provisions.</p> <p>By signing below you declare this information is correct.</p> <table style="width:100%;"> <tr> <td style="width:70%;">Participant Signature X</td> <td style="width:30%;">Date</td> </tr> </table>	Participant Signature X	Date
Participant Signature X	Date		

Plan Sponsor Signature	<p>Based on the information above, this rollover contribution is acceptable according to the plan provisions and directs Delaware Charter Guarantee & Trust as Trustee for Principal Advantage customers to accept the enclosed amount as a rollover contribution and Principal Life Insurance Company to keep the appropriate records and accounts.</p> <table style="width:100%;"> <tr> <td style="width:70%;">Plan Sponsor or Trustee Signature X</td> <td style="width:30%;">Date</td> </tr> </table>	Plan Sponsor or Trustee Signature X	Date
Plan Sponsor or Trustee Signature X	Date		

Insurance products and plan administrative services are provided by Principal Life Insurance Company. Principal Investors Fund is distributed by and securities offered through Princor Financial Services Corporation, 1-800-547-7754, member SIPC. Princor and Principal Life are members of the Principal Financial Group, Des Moines, Iowa 50392. For more complete information about the funds offered, including changes and expenses, contact a representative of The Principal for a free prospectus. Be sure to read the prospectus carefully before you invest or send money.

To make the rollover process as easy and convenient as possible, here's a checklist of the steps to follow. If you have questions along the way, the Retirement Specialists' in our Client Contact Center will be glad to help you. Just call 1-800-547-7754 Monday through Friday, 7:00 a.m. to 9:00 p.m. and Saturday 8:00 a.m. to 2:00 p.m. (Central Time).

HOW TO COMPLETE THE ROLLOVER DECLARATION FORM

Participant Information

Complete the Participant Information section on the Rollover Declaration form.

Investment Election

Select your investment mix by completing this section.

***Please note:** If we receive your retirement funds before we receive this completed form, your money may be placed into the default investment option. You may transfer these retirement funds to another available investment option within the plan by using The Principal Retirement Service Centersm on the Internet at www.principal.com, if available under your plan. You may also call TeleTouch®, our toll-free, interactive voice response system at 1-800-547-7754. See your current plan sponsor for more information about the electronic services available through your plan.*

Rollover Information

Complete this section to the best of your knowledge. This information will help ensure the accuracy in the processing of your request.

Participant Signature/Declaration

Sign and date the form.

Plan Sponsor Signature

Give the completed form to your current plan sponsor (employer) to sign.

RETURNING THE ROLLOVER DECLARATION FORM

You or your current plan sponsor can return your completed form. You can return this form in one of two easy ways:

By Mail:

Wesleyan Pension Fund, Inc.
PO Box 50434
Indianapolis, IN 46250-0434

It is not necessary that the check accompany the Rollover Declaration Form.

CHECK INFORMATION

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

Delaware Charter Guarantee & Trust Company (d.b.a. Trustar Retirement Services)
as Trustee for Retirement Plan Customers (*Include no other information on this line.*)
FBO Your Name, Social Security Number, Plan Number

If you have any questions, please don't hesitate to call our Client Contact Center at 1-800-547-7754.