



Voya-to-Principal Life Insurance Company Transfer Form for Annuity Purchase
Principal Life Insurance Company annuity contract number: 2-19435 Voya: 626701

1 Participant	Name	Social Security Number	Daytime Phone Number											
2 Funds to be Transferred TO Principal Life Insurance Company Transfers will be based on the closing market price at 4 p.m. Eastern time on the day your request is received by Voya. If your request is received after 4 p.m., the amount will be based on the closing prices the next business day.	I would like to purchase a Single Premium Immediate Payout Annuity with Principal Life.* <input type="checkbox"/> Transfer 100% of my retirement plan funds, excluding SURS LIS, from Voya to Principal Life. <input type="checkbox"/> Transfer 100% of my retirement plan funds from Voya to Principal Life. <input type="checkbox"/> Transfer the following plan assets from Voya to Principal Life: <input type="checkbox"/> 100% Pre-tax <input type="checkbox"/> 100% After-tax <input type="checkbox"/> 100% Roth <input type="checkbox"/> Transfer the following plan assets from Voya to Principal Life:													
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Amount/Percentage</td> <td>Fund Name/Number</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Amount/Percentage</td> <td>Fund Name/Number</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Amount/Percentage</td> <td>Fund Name/Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			Amount/Percentage	Fund Name/Number			Amount/Percentage	Fund Name/Number			Amount/Percentage	Fund Name/Number	
Amount/Percentage	Fund Name/Number													
Amount/Percentage	Fund Name/Number													
Amount/Percentage	Fund Name/Number													
3 Participant Signature	<p>I acknowledge that I have received a Defined Contribution Annuity Illustration and I have reviewed the illustration's comparisons.*</p> <p>You must sign and date the form to have your transfer instructions carried out.</p> <hr/> <p>Participant Signature _____ Date _____</p> <p align="center">SUBMIT FORM WITH RSP RETIREMENT APPLICATION TO:</p> <p align="center">SURS 1901 Fox Drive Champaign, IL 61820-7333</p>													

***To obtain an annuity illustration, please call:**

- (1) Voya at 800-613-9543 for your current account value, then**
- (2) Principal Financial Group at 877-210-5565 ext. 202 for your estimated monthly benefit.**

For Voya Use Only:	
PRINCIPAL FINANCIAL GROUP	
FBO (member name) - Annuity Contract 2-19435	ATTN: RIS – ADMINISTRATION
PO BOX 9394	711 HIGH STREET
DES MOINES, IA 50306-9946	DES MOINES, IA 50392-0003

For SURS Use Only	_____ SURS Authorized Signature	_____ Date
	_____ Termination Date	_____ Annuity Begin Date