



# Scholar's Edge® Employer Group Form




- The following information is required to establish a Scholar's Edge Employer Program.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed or fax it to **617-559-8951**. Do not staple.
- After we receive your Employer Group Form, we will provide you with an Employer ID number to include on enrollment forms in Section 6C for future employee enrollments. This will ensure the employees are associated with the employer.

Forms can be downloaded from our website at **scholaredge529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.529.SAVE (1.866.529.7283)**, Monday through Friday 8:00 a.m. to 7:00 p.m. MT.

 **1.866.529.SAVE (1.866.529.7283)**  
Monday through Friday  
8:00 a.m. to 7:00 p.m. MT

 **scholaredge529.com**

 **617-559-8951**

Regular mailing address:  
**Scholar's Edge**  
**PO Box 219798**  
**Kansas City, MO 64121-9798**

Overnight mailing address:  
**Scholar's Edge**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

## 1. Company Information

Company Name

Street Address

City

State

Zip Code



## 2. Financial Professional Information *(To be completed by the Financial Professional)*

Firm Name

Financial Professional Name *(first, middle initial, last)*


Branch Number

Financial Professional ID Number/IRD Number

BIN Number *(if applicable)*


Matrix Level

Mailing Address

City

State

Zip Code



Telephone Number

## 3. Signature — YOU MUST SIGN BELOW

**By signing below, I hereby certify that:**

- The information provided herein is true and complete in all respects.
- I understand that payment of any sales commissions are subject to the terms of the Selling Agreement with Principal Funds Distributor, Inc. and are as set forth in the Scholar's Edge Plan Description and Participation Agreement.
- I will notify the Plan if my client, the Account Owner, is no longer employed by the employer listed in Section 1.

Signature of Financial Professional

Date *(mm/dd/yyyy)*