



**THE NY HOTEL TRADES COUNCIL
AND HOTEL ASSOC. OF NEW
YORK CITY, INC. 401(K) SAVINGS
PLAN**

**Principal Life
Insurance Company**

Mailing Address:
Des Moines, IA 50306-9394

Enrollment Form

Contract Number 4-46173

Location Number _____

CTD01321

Start saving for a secure retirement today!

Instructions - Follow the five steps below to complete the form. (Please print)

Step 1 - Personal Information

Name (Last)		(First)	(Middle Initial)		<input type="checkbox"/> Male
					<input type="checkbox"/> Female
Address (Street)			(City, State, Zip)		Phone Number
Email Address			If you have been rehired, complete these dates:		
Social Security Number	Date of Birth	Date of Original Employment	Date of Termination	Date of Rehire	
- -	/ /	/ /	/ /	/ /	

Step 2 - Percentage Contributions

Defer ____% (1% to 25%) of my current and future salary per pay period (enter 0 here if you choose not to defer).

This agreement applies to amounts earned until changed by me in writing. I understand my plan sponsor may reduce my deferral only when required to meet certain plan limits.

Step 3 - Rollover Funds (Complete if you would like to consolidate your retirement funds)

___Yes! Tell me how The Principal can help me benefit from rolling over my retirement investments. Please call me at (___)-___-___ to discuss my options. The best time to call is ___am___pm. If I want to learn about rollover opportunities now, I will call The Principal at 1-800-547-7754, then press 1, then 4, then 6.

Step 4 - Investment Options

- If you enter information in only one column, all of the contributions made to your account, including rollover contributions, will be invested using the percentages from the completed column.
- If you enter information in both the employer contributions column and your contributions column, any rollover contributions will be invested using the percentages you enter in your contributions column.
- Your investment election will be effective when it is received in our Corporate Center.
- **If no investment election is received, or contributions are received prior to your investment election, contributions will be directed according to the provision of the plan or contract, as appropriate. You may transfer your contributions or change investment election as allowed by the plan.**

Customized Choices

	ELECTIVE DEFERRAL	EMPLOYEE ROLLOVER
Principal Stable Value Fund	_____%	_____%
Principal Bond & Mortgage Separate Account	_____%	_____%
Principal Large Cap Stock Index Separate Account	_____%	_____%
Principal Stock Emphasis Balanced Separate Account	_____%	_____%
Principal Mid-Cap Stock Index Separate Account	_____%	_____%
Principal Small Company Blend Separate Account	_____%	_____%
TOTAL	100%	100%

Step 5 - Signature (Please sign below after you have completed this form)

NOTE: To help ensure you receive accurate reports that reflect the correct investment of your plan's contributions, please review all reports regularly and report any discrepancy to us immediately.

Participant Signature	Date
X	

Insurance products and plan administrative services are provided by Principal Life Insurance Company. Securities are offered through Princor Financial Services Corporation, 800-547-7754, member SIPC. Princor and Principal Life are members of the Principal Financial Group, Des Moines, IA 50392. Must be preceded or accompanied by a prospectus.