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 Canton, MA 02021-2809
 www.PrincipalFunds.com

RETIREMENT PLAN BENEFICIARY FORM

- Use this form to establish, and take death distributions from, a Beneficiary IRA. We strongly recommend working with a qualified legal or tax advisor when completing this form.
- An original signature is required on this form. In addition, a Medallion Signature Guarantee stamp is required for certain death distributions. Please contact your Financial Professional or Principal Funds for more information.
- Please note that additional contributions into Beneficiary IRAs are NOT allowed.
- An Inheritance Tax Waiver may be required by the state in which the decedent resided. Please refer to IRS Publication 590 or consult your tax advisor.

1. ACCOUNT INFORMATION	
Please provide the decedent's information.	
Account Number	
Decedent's First Name, Middle Initial, Last Name	Date of Birth (MM/DD/YYYY)
Social Security Number OR Taxpayer Identification Number	Date of Death (MM/DD/YYYY)
Street Address (no P.O. Box Addresses), City, State, Zip	

2. BENEFICIARY INFORMATION	
Beneficiary's First Name, Middle Initial, Last Name	Social Security Number OR Taxpayer Identification Number
Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident Alien Country of Citizenship
Legal Address (no P.O. Box Addresses), City, State, Zip	
Mailing Address (if different from above), City, State, Zip	
Daytime Phone Number	Evening Phone Number
E-mail Address	Relationship to Original Owner
If the beneficiary is a minor, please complete the information below for the Responsible Individual (must be the minor's parent or legal guardian):	
Responsible Party's First Name, Middle Initial, Last Name	Social Security Number
Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident Alien Country of Citizenship
Legal Address (no P.O. Box Addresses), City, State, Zip	
Mailing Address (if different from above), City, State, Zip	
Daytime Phone Number	Evening Phone Number
E-Delivery Options: <input type="checkbox"/> Quarterly Statements <input type="checkbox"/> Fund Documents (Prospectus, Semi-Annual Report, Annual Report)	
I understand that by checking an E-Delivery option box, I will only receive an electronic copy of the document in question and that no physical copy will be mailed, except for a year-end statement which will also be delivered by mail.	

3. DESIGNATION OF BENEFICIARY(IES)

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent status is indicated, the individual(s) or entity(ies) will be deemed my primary beneficiary(ies). If more than one primary/contingent beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the Beneficiary IRA.

If any primary or contingent beneficiary predeceases me, his or her interest and the interest of his or her heir(s) shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis, unless I have indicated otherwise by checking the "per stirpes" box. A per stirpes beneficiary designation means that the interest of any primary and/or contingent beneficiary who predeceases me will go to his or her heir(s) in equal shares, unless otherwise specified. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated shares of my Beneficiary IRA. If no beneficiary(ies) survives me, my beneficiary shall be my estate, or if none, the individual(s) who would have inherited my estate had one existed.

Check here for per stirpes beneficiary designation. By selecting this option you are negating the standard per capita beneficiary designation. Additional information may be required from the executor or personal representative of your estate for final distributions.

To name additional beneficiaries, please check here, then complete and attach a new copy of this page.

Choosing beneficiaries and methods of distribution can be very complex and can have significant impacts on various tax situations. We strongly recommend working with a qualified legal or tax advisor when making your selections.

Name of Beneficiary Primary Contingent _____
Social Security Number / Taxpayer Identification Number

Date of Birth (MM/DD/YYYY) Relationship: Spouse Non-Spouse Non-Person (trust, estate, charity, etc.) _____ %
Share

Name of Beneficiary Primary Contingent _____
Social Security Number / Taxpayer Identification Number

Date of Birth (MM/DD/YYYY) Relationship: Spouse Non-Spouse Non-Person (trust, estate, charity, etc.) _____ %
Share

Name of Beneficiary Primary Contingent _____
Social Security Number / Taxpayer Identification Number

Date of Birth (MM/DD/YYYY) Relationship: Spouse Non-Spouse Non-Person (trust, estate, charity, etc.) _____ %
Share

Name of Beneficiary Primary Contingent _____
Social Security Number / Taxpayer Identification Number

Date of Birth (MM/DD/YYYY) Relationship: Spouse Non-Spouse Non-Person (trust, estate, charity, etc.) _____ %
Share

4. REDUCED SALES CHARGES

Your purchases of Class A shares may qualify for a Rights of Accumulation (ROA) discount. *It is the responsibility of the shareholder and the Investment Representative to notify Principal Funds at the time of purchase if the initial sales charge should be reduced. Please review the prospectus for detailed information regarding ROA.*

Rights of Accumulation (ROA) for Class A Shares

These shares may contribute towards the total value of my Principal Funds accounts (excluding Class A shares of Money Market funds), which may be entitled to a reduced sales charge, under the provisions in the current Principal Funds prospectus. My other account numbers, including accounts held by my spouse, domestic partner, children/grandchildren under 21, and dependents for whom I serve as legal guardian, are listed below:

Please list your account numbers below.

Account Numbers _____

5. DEATH DISTRIBUTION OPTIONS

Please choose one death distribution option in A, B, or C.

A. If the IRA owner's death occurred BEFORE the required beginning date (April 1 of the year following the year the account holder attained age 70 ½) for taking the first RMD, please indicate which option you would like:

- I am the surviving spouse of the deceased IRA owner and wish to:
 - Distribute the account over my own life expectancy.
 - Assume the account as my own.
 - Establish a beneficiary IRA under the 5 year rule.
 - Take a lump sum distribution.
- I am the non-spouse beneficiary or the beneficiary of a qualified trust and wish to:
 - Distribute the account over my own life expectancy reduced by a factor of 1 each year (requires separate accounts if multiple beneficiaries).
 - Establish a beneficiary IRA under the 5 year rule.
 - Take a lump sum distribution.
- I am/represent a non-person (beneficiary of a non-qualified trust, estate, charity or other) or no beneficiary was named and wish to:
 - Establish a beneficiary IRA under the 5 year rule.
 - Take a lump sum distribution.

B. If the IRA owner's death occurred ON/AFTER the required beginning date (April 1 of the year following the year the account holder attained age 70 ½) for establishing RMDs, please indicate which option you would like:

- I am the surviving spouse of the deceased IRA owner and wish to:
 - Distribute the account over my own life expectancy.
 - Assume the account as my own.
 - Take a lump sum distribution.
- I am the non-spouse beneficiary or the beneficiary of a qualified trust and wish to:
 - Distribute the account over my own life expectancy reduced by a factor of 1 each year (requires separate accounts if multiple beneficiaries).
 - Take a lump sum distribution.
- I am/represent a non-person (beneficiary of a non-qualified trust, estate, charity or other) or no beneficiary was named and wish to:
 - Deplete the account according to the remaining life expectancy of the original IRA owner.
 - Take a lump sum distribution.

C. If you are a beneficiary of a deceased beneficiary, please indicate which option you would like:

- Deplete the account according to the remaining life expectancy of the primary beneficiary.
- Take a lump sum distribution.

6. INVESTMENT DIRECTION

The new account will be invested in the same share class as the decedent's account.

7. DISTRIBUTION PAYMENT OPTIONS

Please indicate if you would like dividend and capital gains distributions paid in cash –OR– a one-time distribution –OR– to establish systematic distributions. To take your distribution in installments, please indicate the beginning date and method of distribution.

A. Please select your distribution payment option below.

Single Lump Sum Payment

All Shares

OR

Partial shares (choose one) Dollar amount _____

Number of shares _____

Systematic Withdrawal Plan beginning on _____ (MM/DD/YYYY)

Monthly Quarterly Semiannually Annually

Distribution Method

Life Expectancy

Fixed Amount \$ _____

Dividend and/or Capital Gains Distributions paid in cash

Note: Distributions that are \$10 or less will automatically be reinvested into the same Portfolio/Fund and share class.

B. Take my distributions from: All funds in equal % – OR – As indicated below:

Portfolio/Fund Name _____	Portfolio/Fund Number _____	\$ _____	– OR –	_____ %
Portfolio/Fund Name _____	Portfolio/Fund Number _____	\$ _____	– OR –	_____ %
Portfolio/Fund Name _____	Portfolio/Fund Number _____	\$ _____	– OR –	_____ %

8. PROCEEDS INSTRUCTIONS

Principal Funds offers several payment methods for your distribution. Please review and choose one of the options below. To verify if your account is already linked to a bank account, please call Principal Funds at (800) 222-5852.

- Deposit into bank account ON FILE* ACH Wire (\$10.00 fee)
- Deposit into bank account NOT ON FILE* ACH Wire (\$10.00 fee)
- Direct proceeds into new non-retirement account (Please attach a completed application)
- Mailing address of record
- Overnight check to address of record (\$15.00 fee)
- Mail to address other than the address of record or alternate payee

Payee _____

Address _____

*If no option is elected, we will send the proceeds via ACH

9. BANK INFORMATION

Automated Clearing House (ACH) redemptions are transferred free of charge on the second business day following the request. It may take additional business days for your bank account to reflect this activity. Please allow 3 business days for your bank account information to be established and validated.

Bank Name _____ ABA Routing Number _____ Bank Account Number _____

Checking Account (please tape a preprinted voided check below)

Savings Account (please tape a preprinted deposit slip or proof of account* from your banking institution)

ABC BUSINESS
1234 MAIN STREET
ANYTOWN, IA 12345

01044

DATE _____

PAY TO THE ORDER OF: _____

_____ DOLLARS

FOR _____

⑆ 333404567⑆ 1234567890⑆ 01044

1

2

1 Bank Routing Number (requires 9 digits)

2 Bank Account Number

*Proof of account must include bank account registration, bank account number, and ABA routing number on bank letterhead.

12. DISCLOSURES/TAXPAYER CERTIFICATION/ACCOUNT OWNER SIGNATURES

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, legal street address, date of birth, Social Security Number, and/or information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If we are unable to verify your customer information, we may close your account or take such other steps as we deem appropriate.

Taxpayer Identification Number Certification

As required by federal law, I certify under penalties of perjury that (1) any Taxpayer Identification Number(s) (including Social Security and Employer Identification Numbers) provided above is/are correct; (2) the IRS has never notified me that I am subject to 28% backup withholding, or has notified me that I am no longer subject to such backup withholdings; and (3) I am a U.S. person (including a U.S. resident alien). (Note: If any or all of part (2) of the preceding sentence is not true in your case, please strike out that part before signing.) If I fail to furnish my correct Social Security Number, I may be subject to a penalty for each failure and my account may be subject to 28% backup withholding on distribution and redemption proceeds. **Note: The Internal Revenue Service does not require your consent to any provision of the IRA Application other than the certification required to avoid backup withholding.**

Principal Account Owner's Signature

Responsible Individual's Signature (if the IRA owner is a minor)

Medallion Signature Guarantee:

Medallion Signature Guarantee:

Bank Account Owner's First Name, Middle Initial, Last Name

Bank Account Owner's First Name, Middle Initial, Last Name

Bank Account Owner's Signature

Bank Account Owner's Signature

Medallion Signature Guarantee:

Medallion Signature Guarantee:

A Medallion Signature Guarantee stamp for each signature is required for certain death distributions. Please contact your Financial Professional or Principal Funds for more information. The signature(s) must be guaranteed by a commercial bank, trust company, credit union, savings and loan, national securities exchange member, or brokerage firm that participates in a Medallion program recognized by the Securities Transfer Association. A signature guaranteed by a notary public or savings bank is not acceptable.