



P.O. Box 8024
Boston, MA 02266-8024
800-222-5852

Overnight Mail:
30 Dan Road
Canton, MA 02021-2809

www.PrincipalFunds.com

REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST

- Use this form to establish Required Minimum Distributions from your Traditional IRA, SIMPLE IRA, SEP IRA, or 403(b).
- **Please call 800-222-5852 to request an *IRA Transfer/Direct Rollover* form to consolidate additional IRAs to Principal Funds.**
- Note for 403(b) accounts: If you are currently employed by the 403(b) employer, you do not need to begin distribution until termination of employment.

1. ACCOUNT INFORMATION

Please provide your current address and account information so we can ensure that your account is up to date.

Indicate type of IRA: Traditional IRA SIMPLE IRA SEP IRA 403(b) Account Number _____

First Name, Middle Initial, Last Name _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

Legal Street Address (no P.O. Box Addresses), City, State, Zip _____

Mailing Address (if different from above), City, State, Zip _____

Contact Telephone Number _____

E-mail Address _____

If you do not wish to take your Required Minimum Distribution from your Principal Funds IRA, please check here and skip to Section 7.

2. DISTRIBUTION PAYMENT OPTIONS

Please complete the month and year you would like to start your RMD payments. RMD payments must be taken by December 31 each year after the year you turn 70½. However, your first RMD may be deferred until April 1 of the year following the year you turn 70½. **Note: If you choose to defer your first RMD until April 1 of the following year, your second RMD must be taken by December 31 of the same year.** If a month and day is not indicated, we will process your distributions on the 15th of each month. Please allow 3 business days for your RMD to be established.

Indicate when you want to start taking distributions. If no option is indicated, we will send your distribution upon receipt of this form, according to your instructions in Section 4.

How often would you like to take distributions? Monthly Quarterly Semiannually Annually One-time only

Defer my first RMD payment until _____ AND begin my scheduled RMDs on _____
(MM/DD/YYYY) (MM/DD/YYYY)

Begin scheduled RMD payments on _____ – OR –
(MM/DD/YYYY)

Take my distributions from: All funds in equal % – OR – *Pro Rata – 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 –	_____ %
Portfolio/Fund Name _____	Portfolio/Fund Number _____	\$ _____	– OR –	_____ %

**Pro Rata distribution will be taken from your account based on share balances at the time of request.*

3. CHOOSE YOUR LIFE EXPECTANCY METHOD OR AMOUNT TO BE DISTRIBUTED

Principal Funds will calculate your RMD or send you a specific amount according to your selection of one of the options below. If you do not indicate a method, Principal Funds will default to the Uniform Lifetime Table. We will distribute your IRA assets as you indicate in Section 2.

Indicate how you want Principal Funds to determine your distribution payment amount:

I would like Principal Funds to calculate my RMD based on the Uniform Lifetime Table. Previous Year-End Account Value: _____

I would like Principal Funds to calculate my RMD based on the Joint Life Expectancy Table. Previous Year-End Account Value: _____

Note: You may only use this method if your spouse is your sole primary beneficiary and is more than ten years younger than you.

Spouse's Date of Birth is: (MM/DD/YYYY) _____

I would like Principal Funds to send \$ _____

Note: If you specify an amount, you are responsible for the accuracy of the calculation and of the amount you request to be distributed. You may take more than the minimum if you wish.

4. PROCEEDS INSTRUCTIONS

Principal Funds offers a variety of payment methods for your RMD. 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* (Please complete Section 5 and provide Medallion Signature Guarantee in Section 9) ACH Wire (\$10.00 fee)**

Direct proceeds into new non-retirement account (Please attach a completed application)

Mailing address of record (A Medallion Signature Guarantee is required in Section 9 for lump-sum distributions requested within 15 days of an address change)

Overnight check to address of record (\$15.00 fee)**

Mail to address other than the address of record or alternate payee (Medallion Signature Guarantee required in Section 9)

Payee _____

Address _____

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

** This option is NOT available for Systematic Withdrawals

5. BANK INFORMATION

Automated Clearing House (ACH) redemptions are transferred free of charge on the second business day following the request. Bank Wire redemptions are transferred the following business day, if requested before the close of the New York Stock Exchange. Principal Funds charges a \$10 fee each time funds are sent by Bank Wire. Your bank may also charge a fee. It may take additional business days for your bank account to reflect this activity. If establishing a Systematic Withdrawal Plan (SWP), 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 _____

⑆ 334045678 ⑆ 123456789 ⑆ 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.

6. TAX WITHHOLDING

I have reviewed the below "Withholding Notice". I understand my withholding election or default from this form stays in effect for all future telephone distributions (if applicable) until I change it in writing. If CDSC applies, it will be taken above the amount requested.

Federal Tax Withholding

I understand that 10% of my distribution will be withheld for Federal Income Tax unless I make a different election below.

- I elect **NOT** to have federal income tax withheld.
- Please withhold federal income tax at the following percentage: _____ % (whole percentage only)

State Tax Withholding

Check one of the following boxes to indicate whether you wish to have state income taxes withheld. State tax withholding may apply even if you do not check a box below. Also, some states do not offer state tax withholding. Refer to the withholding notice below regarding the options for state withholding.

- I elect **NOT** to have state income tax withheld.
- Please withhold state taxes in the amount of \$ _____

Note: 403(b) accounts are not subject to the 20% mandatory Federal Tax Withholding on Required Minimum Distribution.

Withholding Notice

This section must be completed. Tax withholding elections are designated with each transaction request. Withholding elections for Systematic Withdrawal plans remain in effect until instructions are received to change it.

Federal Tax Withholding

Distributions are subject to federal income tax withholding in the amount of 10% unless you elect not to have withholding apply.

State Tax Withholding

If federal income tax withholding is applied to your distribution, your state may also require state income taxes to be withheld. State laws regarding tax withholding are subject to change at any time without notice. Please see your tax advisor for additional information. Depending on your state of residency, the following rules apply:

If your state of residence has:	Your options for state tax withholding are:
Mandatory State Withholding	If you elect federal tax withholding, state tax withholding <u>will</u> be applied, and will be calculated based on your state's applicable minimum requirements. You may also elect a specific dollar amount, however, your requested amount must be equal or greater than your state's minimum withholding requirement, otherwise we will apply your state's applicable minimum withholding requirement.
Non-Participatory State Withholding	You may not elect state tax withholding. State tax withholding is <u>not available</u> even if your state has state income taxes.
Voluntary State Withholding	You may elect voluntary state income tax withholding. You must provide a specific dollar amount to be applied for state tax withholding.

Regardless of whether you elect to have federal, and if applicable, state tax withholding apply, you are liable for the payment of federal income tax, any state or local taxes, and any penalties which may apply to your distribution. You also may be subject for tax penalties under the estimated tax payment rules if your estimated tax payments and withholding are not adequate. IRS Publication 505 should be reviewed, especially by new retirees.

Note – 403(b) accounts: if you elect no Federal Tax Withholding, you must complete an IRS Form W-4P. This form can be found on the IRS website (www.irs.gov). Any amount over and above the Required Minimum Distribution will be subject to the 20% mandatory Federal Tax Withholding.

7. DESIGNATE/CHANGE YOUR BENEFICIARY(IES)

Please use this section to add a new beneficiary(ies) or to revise your existing beneficiary(ies). Any beneficiary(ies) named on this form, will replace the beneficiary(ies) currently on file. If you do not complete this section, your current beneficiary designations will remain unchanged. Your primary beneficiary(ies) will receive your IRA assets after your death, and your contingent beneficiary(ies) will receive your IRA assets if no primary beneficiary(ies) survive you.

- For additional beneficiary(ies), please check here, then complete and attach a new copy of this page.

_____ Primary Contingent
 Name of Beneficiary Social Security Number / Taxpayer Identification Number
 _____ Relationship: Spouse Non-Spouse Non-Person (trust, estate, charity, etc.) _____ %
 Date of Birth (MM/DD/YYYY) Share

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 Name of Beneficiary Social Security Number / Taxpayer Identification Number
 _____ Relationship: Spouse Non-Spouse Non-Person (trust, estate, charity, etc.) _____ %
 Date of Birth (MM/DD/YYYY) Share

8. SPOUSAL CONSENT

If you reside in a community or marital property state, you and/or your spouse must complete this section. (Complete only if you reside in AZ, CA, ID, LA, NV, NM, TX, WA, WI)

Current Marital Status

- I am not married** – I understand that if I become married in the future, I must complete a new *Beneficiary Designation* form.
- I am married** – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must complete the Spousal Consent section below.

Special laws apply to the designation of an IRA beneficiary by a married person residing in a “community property” or “marital property” state. If you are married, reside in one of these states, and have not designated your spouse as your primary beneficiary, your spouse must sign the Spousal Consent stating that you may name someone other than your spouse as beneficiary. **The Spousal Consent must be medallion signature guaranteed.**

Spousal Consent

I am the spouse of the account owner named in Section 1. I acknowledge I have received a fair and reasonable disclosure of my spouse’s property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA account, I have been advised to see a tax advisor.

I hereby consent to the beneficiary designation(s) indicated in Section 7. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian, Principal Shareholder Services, Inc., or its Agents.

Signature of Spouse

Date (MM/DD/YYYY)

Medallion Signature Guarantee

9. PLEASE READ AND SIGN

Read this section to make sure you understand your responsibilities regarding distributions from your IRA. Please sign and date below to show you have given Principal Funds all the correct information and you understand distributions will be made according to the instructions you have given us.

I acknowledge that I have read and understood this *Required Minimum Distribution* form and the instructions for completing it. I understand that these instructions control how much I will withdraw from my Principal Funds IRA each year. I may be subject to Federal and State tax penalties if I do not withdraw enough from all of my IRAs each year. If I am naming new beneficiaries, all beneficiaries I have previously designated are revoked.

I certify under penalty of perjury that the Social Security Number I have provided on this form is correct. I authorize Principal Funds to follow my instructions as indicated on this form. I further certify that I have been advised by Custodian or by Custodian’s Agents to consult with my legal or tax advisor regarding the possible tax consequences of distributions.

Principal Account Owner’s Signature

(MM/DD/YYYY)

Principal Account Owner’s Signature

(MM/DD/YYYY)

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

(MM/DD/YYYY)

Bank Account Owner’s Signature

(MM/DD/YYYY)

Medallion Signature Guarantee:

Medallion Signature Guarantee:

A Medallion Signature Guarantee stamp is required for each Principal Account Owner’s signature if requesting:

- full or partial distributions within 15 days of an address change
- all distributions totaling more than \$100,000
- all distributions to be mailed to an address other than the address of record
- all distributions made payable to an individual/entity other than the Principal Account Owner
- full or partial distributions to a bank account NOT ON FILE
- systematic distributions to a bank account NOT ON FILE and a voided check/deposit slip is NOT included
- systematic distributions to a bank account NOT ON FILE and there is NOT a common owner between the registrations of the Principal Account and the Bank Account (in this case, we also require a signature and a Medallion Signature Guarantee stamp for each Bank Account Owner)

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.