



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

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

IRA Required Minimum Distribution (RMD)

- Use this form to establish Required Minimum Distributions from your Traditional, SIMPLE, SEP IRA, or 403(b).
- Indicate type of IRA: Traditional IRA SIMPLE SEP 403(b)
- A Medallion Signature Guarantee **MUST** be provided on all distribution requests that are: mailed to an address other than the address of record, sent to a bank account not on file, the amount is greater than \$100,000, or made payable to anyone other than the account owner.
- **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.

Account Number	Portfolio/Fund Number
First Name, Middle Initial, Last Name	
Social Security Number	Date of Birth (MM/DD/YYYY)
Street Address (no P.O. Box Addresses), City, State, Zip	
Daytime Phone Number	Evening Phone Number
E-mail Address	

2. 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.

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

If you do not wish to take your Required Minimum Distribution from your Principal Funds IRA, please check here and skip to Section 9.

3. Beginning Your Distributions

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 70^{1/2}. However, your first RMD may be deferred until April 1 of the year following the year you turn 70^{1/2}. **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 15 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 5.

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

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

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

Take my distributions from: All funds in equal % – OR – *Pro Rata – OR – As indicated below:

_____	_____	\$ _____	– OR –	_____ %
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			

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

4. Choose Your Life Expectancy Method or Amount to be Distributed

Beginning in 2002, the IRS changed the manner in which RMDs are calculated. 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 3.

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.

5. Proceeds Instructions

Principal Funds offers a variety of payment methods for your RMD. Please review and choose one of the options below. Please note if you indicate you would like your payment sent to a new account or an address other than your current one, you may need to have these instructions Medallion Signature Guaranteed.

- Deposit to my linked bank account (already on file)* ACH Wire (\$10.00 fee)
- Deposit to my bank account not on file (Please complete Section 6)* ACH Wire (\$10.00 fee)
- Establish a new non-retirement account (Please complete an application and return with this form.)
- Send a check to my address of record
- Overnight check to address of record (additional fee applies)
- Send to an address other than the address of record (Medallion Signature Guarantee required)

Address _____

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

6. Banking Information

If you would like to establish banking information for the purpose of making electronic funds transfers between your Principal Funds account and your bank account, please complete the information below. If you DO NOT provide a preprinted voided check, savings deposit slip, or proof of account from your banking institution, a **Medallion Signature Guarantee** is required below. By calling Principal Funds, you may request electronic funds transfers, such as ACH or Bank Wire, to purchase and/or redeem funds electronically. ACH purchases/redemptions are transferred on the second business day following the request **free of charge**. Bank Wire purchases/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. Please allow 15 business days for your bank account information to be established and validated.**

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

Name of Bank

ABA Routing Number

Bank Account Number

Please tape a preprinted, unsigned,
voided check or savings deposit slip here.
DO NOT SUBMIT A NON-PREPRINTED CHECK.
Preprinted checks must include a name and address.
(PLEASE DO NOT STAPLE CHECK TO APPLICATION)

If the Principal Funds account(s) and bank account include at least one common owner, then only the owner(s) of the Principal Funds account(s) need(s) to sign. However, if there is not a common owner listed in the registration of the Principal Funds account and the bank account, we require all Principal account and bank account owners to provide their signatures along with a Medallion Signature Guarantee granting permission for you to access the account for either deposits to or withdrawals from the account.

I am the owner/co-owner of the bank account listed above and/or the Principal account owner. I give permission to Principal Funds to access my account in order to make deposits to or take withdrawals from it on behalf of the registered account owner(s). I understand transactions to/from my account will continue until I notify Principal Funds, in writing, that my account may no longer be accessed.

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

Medallion Signature Guarantee:

Bank Account Owner's Signature

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

Bank Account Owner's Signature

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

Principal Account Owner's Signature

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

Principal Account Owner's Signature

7. 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 instructions for specific information concerning your state.

- 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 percentage, 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 percentage 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.

8. Spousal Consent

This section should be reviewed if either the trust or the residence of the account owner is located in a community or marital property state and the account owner is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

Current Marital Status

I Am Not Married – I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form.

I Am Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

Spousal Consent Signature

I am the spouse of the above-named account owner. I acknowledge that 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, I have been advised to see a legal or tax advisor.

I hereby give the account owner any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse

Date (MM/DD/YYYY)

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.

Signature of Account Owner

Date (MM/DD/YYYY)

Medallion Signature Guarantee: (required for adding a new linked bank account, alternative payee, alternative address, or distributions greater than \$100,000)