



Principal Funds
 PO Box 8024
 Boston, MA 02266-8024

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

800-222-5852
 PrincipalFunds.com

IRA Distribution Request

- Use this form to take non-mandatory distributions from your Traditional IRA, Roth IRA, SIMPLE IRA, or SEP IRA.
- DO NOT use this form for Required Minimum Distributions (RMD), Roth Conversions, 72(t) distributions, or death distributions.
- Please type or print clearly.

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 Roth IRA SIMPLE IRA SEP IRA

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 _____

2. Reason for Distribution

Distributions from your IRA, other than a return of non-deductible contributions, are subject to applicable Federal and State income tax. Distributions prior to age 59½ are subject to a 10% non-deductible penalty under the Internal Revenue Code (25% for SIMPLE IRAs within the first two years). Exceptions to the 10% penalty include: death, disability, divorce, first time home purchase, qualified education expenses, certain medical expenses and when following a series of substantially equal payments. Qualified Roth distributions may be taken tax and penalty free if your account has been funded for 5 years and one of the following applies: death, disability, qualified first time home purchase or you reach age 59½ (distributions of regular contributions are always tax and penalty free). It is your responsibility to determine if taxes or penalties apply to you. Please refer to IRS Publications 590 and 560, or contact the IRS at 800-829-1040 or at irs.gov for more information.

Normal Distribution (shareholders over 59½)

Premature Distribution (shareholders under 59½)

Disability – Attach a copy of your Social Security approval of disability benefits.

Divorce – This option is only available when transferring assets to a former spouse. **Please obtain a Medallion Signature Guarantee stamp in Section 8** and contact Principal Funds at 800-222-5852 to determine if additional paperwork may be required.

Excess – Complete Section 4 of this form.

Rollover/Transfer to: – Qualified Retirement Plan IRA Other _____

Make check payable to a new company but mail to me (**Medallion Signature Guarantee is required in Section 8 for this option**). If you would like to have the proceeds sent directly to the new company, please submit a properly completed Direct Rollover/Transfer form from the receiving custodian instead of this form. NOTE: if the redemption is a transfer or rollover and made payable to another company, you can disregard Section 7 since taxes will not be withheld.

Receiving Custodian Name _____

Other _____

3. Distribution Payment Options

Please indicate if you would like a one-time distribution -OR- to establish systematic distributions -OR- you would like dividend and capital gains paid in cash.

A. Please select one of the following distribution payment options. Section 3B must be completed for Partial Distributions or Systematic Withdrawals.

- Balance of Account
- Partial Distribution (choose one)
 - Dollar amount _____
 - Number of shares _____
- Systematic Withdrawal Plan (SWP) beginning on _____ (MM/DD/YYYY) in the amount of \$ _____

Please select one of the following:

- Monthly
- Semiannually
- Quarterly
- Annually
- Dividend and/or Capital Gains Distributions paid in cash.

Note: Distributions that are \$10 or less will automatically be reinvested into the same Fund and share class. Federal and state tax withholding do not apply for this option.

B. Please select one of the partial distribution options below. Systematic Withdrawals must meet the \$100.00 per fund minimum. Note: If no allocation is selected, your distribution will be taken from your account Pro Rata*.

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

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

*Pro Rata distribution will be taken from your account based on share balances at the time the distribution is processed. Please allow up to 3 business days if the proceeds are being sent electronically or up to 10 calendar days to receive a check.

4. Excess Contributions

Please indicate how you would like excess contributions removed from your account in Section 3B. If no distribution allocation is provided, the Excess Contribution amount will be taken from the account pro rata*.

Earnings on Excess Contributions will be paid to the Shareholder. **Note: Tax withholding is not available for this option.**

Removal of Excess Contributions: Was tax return filed? Yes No

\$ _____

_____	Date Excess Contribution was made (MM/DD)	Tax Year (YYYY)
Amount of Excess Contribution	_____	_____

Direct my excess contribution to an existing non-retirement account

_____	_____
Fund Name	Fund Name

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

5. Distribution Instructions

Principal Funds offers a variety of 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. If no distribution instructions are provided the check will be sent regular mail to the address of record.

- Mailing address of record*
- Overnight check to address of record (\$15.00 fee)* NOTE: Please allow up to 2 days for an expedited request to a P.O. Box.
- Deposit into bank account ON FILE**
 - ACH
 - Wire (\$10.00 fee)
- Deposit into bank account NOT ON FILE** (Please complete Section 6 and see Medallion Signature Guarantee instructions in Section 8)
 - ACH NOTE: If the bank information provided does not include a common owner, ACH is not an option
 - Wire (\$10.00 fee)
- Direct distribution into new account (Please attach a completed application)
- Direct distribution into an existing account _____

*A Medallion Signature Guarantee is required in Section 8 for lump-sum distributions requested within 15 days of an address change.

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

6. 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.

If the bank information below includes a common owner, the bank information will be added to your account and any existing bank information will be changed. If you do not wish to change/add this bank account information to your account(s), please attach a letter of instructions. **Your request may require a Medallion Signature Guarantee Stamp. Please see section 8 for details.**

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)

- 1 Bank Routing Number
(requires 9 digits)
 2 Bank Account Number

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

7. Tax Withholding

I have reviewed the below "Withholding Notice". **If tax withholding applies, it will be taken from the distribution amount requested. If CDSC applies, it will be taken above the distribution 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. No tax will be withheld from a Roth IRA unless instructed to do so.

- 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 for specific information concerning your state.

Please indicate your state of residence for state tax withholding purposes: _____

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

Note: You are urged to discuss distributions from a Roth IRA with your tax advisor before making a withholding election. Many Roth IRA distributions are partially or wholly nontaxable.

Withholding Notice

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

8. Signatures

I hereby request a distribution from my Principal Funds IRA for the reason indicated in Section 2. I acknowledge that I have read and understand this Non-Mandatory IRA Distribution form and understand that distributions from an IRA will be subject to a 10% income tax withholding requirement unless I elect not to have withholding apply, and that distributions from a Roth IRA will not have income tax withheld unless I elect to have withholding apply. I also understand that a penalty tax of 10% or more (in addition to any ordinary income tax) may apply to this distribution as prescribed by the Internal Revenue code (the "Code") and Regulations. I agree to obtain such legal and tax advice as may be necessary to make this determination. The custodian may rely on all information provided on this form as accurate and complete. I hereby release and hold harmless Principal Life Insurance Company and any of its affiliates for any loss, damage, or injury I may sustain as a result of the distribution request.

Principal Account Owner's/Authorized Signer's
Signature (MM/DD/YYYY)

Medallion Signature Guarantee:

Principal Account Owner's/Authorized Signer's
Signature (MM/DD/YYYY)

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)

Medallion Signature Guarantee:

Bank Account Owner's Signature (MM/DD/YYYY)

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, partial, and systematic distributions to a bank account NOT ON FILE, NO voided check is provided 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)
- divorce distributions

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.