



Principal Funds
 PO Box 8024
 Boston, MA 02266-8024

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

800-222-5852
 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.
- Please type or print clearly.

1. Account Information

Please provide the decedent's information.

Account Number	Prior Year 12/31 Market Value (for assets from an outside company)
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	

2. Beneficiary Information (continued)

Electronic Delivery (eDelivery) Consent

By providing your email address, you consent to receive all mutual fund documents including: quarterly statements, regulatory documents (prospectuses, annual and semi-annual reports), and proxy statements via eDelivery¹.

Mutual fund documents will be available to you online at principalfunds.com. You will be notified by electronic mail when a document becomes available for you to view. All documents posted to the website will be available in HTML format and/or Portable Document Format (PDF). If using the PDF version, the Adobe Acrobat Reader software required to view them is available free of charge from Adobe's website at adobe.com.

Email Address (required for eDelivery):

If there are any documents you would prefer to receive in paper form, please check the applicable box(es) below to indicate which items you would not like to receive by eDelivery:

- Quarterly Statements
- Regulatory Documents (prospectuses, annual and semi-annual reports)
- Proxy Statements

Your consent will remain in effect until revoked by you. If at any time eDelivery is not possible, you will be notified by mail with instructions to restore the service. Delivery of mutual fund documents following initial notification will be mailed to your address of record in paper form if service is not restored. You must have a valid, active email address to be eligible for this service. You may change your consent, update your email address, or opt to receive paper communication at any time by visiting us at www.principalfunds.com/edelivery or by calling us at 1-800-222-5852 Monday-Friday from 7:00 am to 7:00 pm Central Time.

¹Certain entity accounts such as estate accounts may not be eligible for eDelivery of quarterly statements.

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 Required Minimum Distribution, please indicate which option you would like. If the assets are transferring from an outside company, please choose the method that was previously used.

- 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: Account # _____
 - Establish a beneficiary IRA under the 5 year rule.
 - I am the sole beneficiary and choose to defer the Required Minimum Distribution until deceased would have obtained age 70 1/2. I will notify Principal Funds when distributions are to begin.
 - 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 Required Minimum Distributions, 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: Account # _____
 - 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.

* Section 7 must be completed

6. Investment Direction

If the account is being funded with assets from another Principal Funds account the funds will be invested in the same allocation as the decedent's account. If the account is being funded with assets from an outside company, please indicate the allocation below.

_____	_____	\$ _____	- OR -	_____ %
Fund Name	Fund Name			
_____	_____	\$ _____	- OR -	_____ %
Fund Name	Fund Name			
_____	_____	\$ _____	- OR -	_____ %
Fund Name	Fund Name			

7. Distribution Payment Options

Please indicate if you would like a one-time distribution –OR– to establish systematic distributions. To take your distribution in installments, please indicate the beginning date and method of distribution. If you do not select a withdrawal frequency, Principal Funds will establish a monthly withdrawal. Note: If you do not select a day, we will process your withdrawal on the 15th day of each withdrawal period.

A. Please select your distribution payment option below.

- Single Payment
 - Balance Account
- OR**
- Partial Distribution Dollar amount \$ _____
- Systematic Withdrawal Plan beginning on _____ (MM/DD/YYYY)

Distribution Method	Frequency
<input type="checkbox"/> Life Expectancy (distributions will be made pro-rata)	<input type="checkbox"/> Monthly <input type="checkbox"/> Semiannually
<input type="checkbox"/> Fixed Amount \$ _____	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually

For Partial Distributions

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

_____	_____	\$ _____	- OR -	_____ %
Fund Name	Fund Name			
_____	_____	\$ _____	- OR -	_____ %
Fund Name	Fund Name			
_____	_____	\$ _____	- OR -	_____ %
Fund Name	Fund Name			

Please allow up to 3 business days if the proceeds are being sent electronically or up to 10 calendar days to receive a check.

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)
 - Direct proceeds into existing Principal Funds non-retirement account # _____
 - 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

11. Investment Representative Information

(This section MUST be completed by your Investment Representative. Incomplete information will cause a delay in processing the investment. If you do not have an Investment Representative, we will refer you to one.)

This application for the purchase of shares complies with the terms of the applicable agreement with Principal Funds Distributor, Inc., and with the current Principal Funds prospectus. I hereby authorize Principal Shareholder Services, Inc. and its appointed sub transfer agent, to act as my Agent in connection with transactions under this *Retirement Plan Beneficiary Form* and I agree to notify Principal Funds of any purchases of shares which may be eligible for a reduced or eliminated sales charge.

Dealer Number

Branch Number

Investment Representative Number

Investment Representative's First Name, Middle Initial, Last Name

Firm Name

Investment Representative's Branch Office Address, City, State, Zip

Telephone Number

Extension

Investment Representative's Signature

Date

E-mail Address

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.

Disclosures and Agreement

I hereby establish a Principal Funds Traditional Individual Retirement Arrangement (IRA)/Roth Individual Retirement Arrangement (IRA) and appoint Principal Life Insurance Company as Custodian and I acknowledge that Principal Management Corporation and its appointed sub transfer agent, act as Agent for the Custodian. I direct that contributions to my Traditional/Roth IRA be invested as specified by this Application. I understand the Disclosure Statement and the Custodial Agreement are parts of this Application and I agree to their terms.

I am of legal age, have received and read the IRA Disclosure Statement, Custodial Agreement and prospectus, agree to their terms and understand that by signing below:

(a) neither Principal Management Corporation nor Principal Funds is a bank and the fund shares are not backed or guaranteed by any bank nor federally insured; (b) if I have provided other identification as an alternative to a Social Security Number within Section 2 of the Application, I certify the information provided is currently accurate and valid; (c) I hereby ratify any instructions given on this account and any account into which I exchange relating to items on the Application and agree that neither the Funds, Principal Management Corporation, nor its Agents will be liable for any loss, cost or expense for acting upon such instructions (in writing, or by telephone or Internet, if telephone or Internet transactions may be effected for this account) believed by it to be genuine and in accordance with the procedures described in the prospectus; (d) by signing below, I consent to having mailings of prospectuses and other fund materials for my account combined with mailings for other accounts held by members of my household to avoid receipt of multiple copies. I also understand that my account information will be included with other household accounts on the same quarterly and annual statements; (e) accounts linked together in the same household for mailing and/or consolidated statement purposes allow the owner(s) of any linked accounts to request address changes and/or address corrections to the entire portfolio; (f) I have been advised by the Custodian or by the Custodian's Agents to consult with my legal or tax advisor regarding the possible tax consequences of distributions. I acknowledge that the Custodian, Principal Management Corporation, and/or its appointed sub transfer agent, shall not be held responsible for the authenticity of instructions received by telephone (which shall be recorded) reasonably believed to be genuine and I will bear the risk of possible losses resulting from an unauthorized and fraudulent telephone transaction; (g) if banking information has been provided in Section 9 of the Application, I understand ACH purchase/redemption proceeds are transferred on the second business day following the request, at no charge, and bank wire purchase/redemption proceeds are transferred on the next business day if requested before the close of the New York Stock Exchange, for a fee; (h) it is my responsibility to read the prospectus; (i) I represent and warrant that I have full right, power and authority to give the foregoing affirmations, certifications and authorizations and to make the investments applied for pursuant to the Application and, if signing on behalf of the beneficial owner, represent and warrant I am duly authorized to sign this Application and to purchase, exchange and redeem shares, or if an account is listed in Section 9 of this Application, deposit and withdraw funds on behalf of the beneficial owner; (j) I consent to the annual custodial fee as described in the Custodial Agreement.

If establishing a Traditional IRA with rollover proceeds, I certify that I have satisfied all rules applicable to this rollover distribution, and I irrevocably elect to treat any Qualified Plan distribution as ineligible for any special tax treatment that may otherwise be available.

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.