



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. Death Distribution Options

Payments must begin by 12/31 of the year following the death of the original account owner. If the Life Expectancy option is chosen below, your automatic payments will begin in the year following the original account owner's date of death.

Beneficiary Is:	Before Required Beginning Date (RBD)**	After Required Beginning Date (RBD)**
Spouse	<input type="checkbox"/> Treat the account as my own. <input type="checkbox"/> I am the sole beneficiary and choose to defer the Required Minimum Distribution until the deceased would have reached the age of 70 1/2. I will notify Principal Funds when distributions are to begin. <input type="checkbox"/> Establish a beneficiary IRA and distribute the account over my life expectancy.* <input type="checkbox"/> Establish a beneficiary IRA under the 5 year rule. <input type="checkbox"/> Take a lump sum distribution.	<input type="checkbox"/> Treat the account as my own. <input type="checkbox"/> Establish a beneficiary IRA and distribute the account over my life expectancy.* <input type="checkbox"/> Take a lump sum distribution.
Non-spouse person or the beneficiary of a qualified trust	<input type="checkbox"/> Distribute the account over my life expectancy based on IRS tables (requires separate accounts if multiple beneficiaries).* <input type="checkbox"/> Establish a beneficiary IRA under the 5 year rule. <input type="checkbox"/> Take a lump sum distribution.	<input type="checkbox"/> Distribute the account over my life expectancy based on IRS tables (requires separate accounts if multiple beneficiaries).* <input type="checkbox"/> Take a lump sum distribution.
Non-person (beneficiary of a non-qualified trust, estate, charity or other)	<input type="checkbox"/> Establish a beneficiary IRA under the 5 year rule. <input type="checkbox"/> Take a lump sum distribution.	<input type="checkbox"/> Deplete the account according to the remaining life expectancy of the original IRA owner.* <input type="checkbox"/> Take a lump sum distribution.
The beneficiary of a deceased beneficiary	<input type="checkbox"/> Deplete the account according to the remaining life expectancy of the primary beneficiary.* <input type="checkbox"/> Take a lump sum distribution.	<input type="checkbox"/> Deplete the account according to the remaining life expectancy of the primary beneficiary.* <input type="checkbox"/> Take a lump sum distribution.

* Section 8 must be completed

** Required Beginning Date is April 1 of the year following the year the original account holder attained age 70 1/2.

3. Registration for New Account Owner

Beneficiary's First Name, Middle Initial, Last Name OR name of non-person entity		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 non-person entity please complete the information below for the authorized signer. If the beneficiary is a minor, please complete the information below for the Responsible Individual (must be the minor's parent or legal guardian).			
Authorized Signer/Responsible Individual 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	

4. Electronic Delivery (eDelivery) Consent

Electronic Delivery (eDelivery) Consent

By providing your email address, you consent to receive email notifications when your regulatory documents (prospectuses, annual and semi-annual reports), quarterly statements, tax forms, and proxy statements are ready to be viewed online at principalfunds.com. You will be notified by email 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.¹

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:

- Regulatory Documents (prospectuses, annual and semi-annual reports)
- Quarterly Statements
- Tax Forms
- 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 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.

5. 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 _____	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Social Security Number / Taxpayer Identification Number _____
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

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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

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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

Name of Beneficiary _____	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Social Security Number / Taxpayer Identification Number _____
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

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 (Check this box if you are unmarried or widowed.) – 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 2. 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 9. 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 _____
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6. 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/Our other account numbers, and trusts created by or primarily for the benefit of such persons, including accounts held by my spouse, domestic partner, children/grandchildren under 25, and dependents for whom I serve as legal guardian, are listed below:

Please list your account numbers below.

Account Numbers	_____	_____
_____	_____	_____

7. 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 Number			
_____	_____	\$ _____	- OR -	_____ %
Fund Name	Fund Number			
_____	_____	\$ _____	- OR -	_____ %
Fund Name	Fund Number			

8. 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. If you do not select a day, we will process your withdrawal on the 15th day of each withdrawal period.

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

- Balance of Account
- Partial Distribution Dollar amount \$ _____
- Systematic Withdrawal Plan (SWP) beginning on _____ (MM/DD/YYYY)

Distribution Method

- Life Expectancy (distributions will be made pro-rata)
- Fixed Amount \$ _____

Frequency

- Monthly
- Quarterly
- Semiannually
- Annually

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:

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

*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.

9. 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

10. 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 13 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.

11. 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.

12. Investment Representative Information

This section MUST be completed by your Investment Representative. Incomplete information will cause a delay in processing the investment. Both Investment Representative and Dealer signatures are required in this section.

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 form and I agree to notify Principal Shareholder Services, Inc. or its appointed sub-transfer agent of any purchases of shares which may be eligible for a reduced or eliminated sales charge.

Dealer Name

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

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

Branch Number

Investment Representative Number

Telephone Number

Extension

Investment Representative Signature

Authorized Dealer Signature

13. 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 Shareholder Services, Inc 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 Shareholder Services, Inc 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 Shareholder Services, Inc, 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 Shareholder Services, Inc, 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 Owners/Authorized
Signer's Signature

(MM/DD/YYYY)

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

(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

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.