

Retirement plan beneficiary form

Principal Funds
 PO Box 219971
 Kansas City, MO 64121-9971
 800-222-5852
Overnight Mail:
 430 West 7th Street, Ste 219971
 Kansas City MO 64105-1407
PrincipalFunds.com



- Use this form to make a beneficiary election regarding a decedent's account. 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 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	Account type	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)
XXX-XX- Social Security number (last 4 digits) 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. Required Beginning Date is April 1 of the year following the year the original account holder attained age 70 1/2.

	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"/> Use my existing account # _____ <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"/> Use my existing account # _____ <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"/> 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"/> Establish a beneficiary IRA and distribute the account over my life expectancy.* <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"/> Establish a beneficiary IRA and distribute the account over 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"/> Establish an Interhited, Inherited IRA and distribute the account over the remaining life expectancy of the primary beneficiary.* <input type="checkbox"/> Take a lump sum distribution.	<input type="checkbox"/> Establish an Inherited, Inherited IRA and distribute the account over the remaining life expectancy of the primary beneficiary.* <input type="checkbox"/> Take a lump sum distribution.

* Section 9 must be completed

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3. Registration for new account owner (This section is required)

Beneficiary's first name, middle initial, last name **OR** name of non-person entity _____ Social Security number **OR** taxpayer identification number _____

_____ U.S. citizen Resident alien _____
Date of birth (MM/DD/YYYY) _____ Country of citizenship _____

Legal address (no P.O. box addresses), City, State, Zip _____

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

Contact phone number _____ Relationship to original owner _____

E-mail address _____

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 _____

_____ U.S. citizen Resident alien _____
Date of birth (MM/DD/YYYY) _____ 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

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 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

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 are 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 3. 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 this section. 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

6. Designated contact

Principal Funds mails a written notice to the last known address of account owners to inform them that, either due to no activity in the account or an invalid address, the assets in the account may be delivered to the state in which the account owner resides. This notice is based on each state's unclaimed property rules.

As an account owner, you may designate an individual as a contact, in the event your account is considered unclaimed property, either due to an invalid address or inactivity in your Principal Funds' account. This designated contact would receive notice by mail, in an attempt to notify you of the possibility of assets being delivered to the state. An account owner is not required to designate a contact and the contact does not have any rights to the account.

To designate a contact to receive this unclaimed property notice, please complete the section below:

Contact name

Legal street address (no P.O. box addresses), City, State, Zip)

Contact phone number

Email address

7. 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. If you have Principal Funds Investments held directly with a brokerage firm, please include the most recent dealer account statement with the new application and any future purchases.

Rights of Accumulation (ROA) for Class A Shares

I own Class A, C, or J shares in other Principal Funds accounts (excluding initial purchases in Class A shares of Money Market Funds) which may entitle this purchase to have 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 under 25, dependents for whom I serve as legal guardian, and trusts created by or primarily for the benefit of such persons, are listed below.

Applicable account numbers

8. Investment direction

The funds will be invested in the same allocation as the decedent's account unless otherwise indicated below.

<hr/> Fund name	<hr/> Fund number	<hr/> %
<hr/> Fund name	<hr/> Fund number	<hr/> %
<hr/> Fund name	<hr/> Fund number	<hr/> %

9. 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. Section B 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 Semiannually
 Quarterly 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 amount – 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.

10. 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. If transferring money to another company, please consult with that custodian to obtain appropriate account transfer paperwork.

- 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)

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

11. 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.

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)

JOHN DOE
1234 MAIN STREET
ANYTOWN, IA 12345 01044

DATE _____

PAID TO THE ORDER OF: _____

_____ DOLLARS

FOR _____

⑆ 33404 5678 ⑆ 234 56 ⑆ 3044 ⑆ 0 ⑆ 1044

1 2

- 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.

12. 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 \$ _____ OR _____ %

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 not available 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.

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 1 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 11 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 11 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)

GUARANTOR
Stamp medallion signature guarantee here

GUARANTOR
Stamp medallion signature guarantee here

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

GUARANTOR
Stamp medallion signature guarantee here

GUARANTOR
Stamp medallion signature guarantee here

A Medallion Signature Guarantee stamp for each signature is required for 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.

14. Investment representative information

This section MUST be completed by your Investment Representative. Incomplete information will cause a delay in processing the investment. The Investment Representative's signature is required in this section. The Authorized Dealer Signature must be completed if required by their firm.

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 (List all Investment Representatives' names if joint profile)

Investment representative's branch office address, city, state, zip

Branch number

Investment representative number

Telephone number

Extension

Investment representatives signature

Authorized dealer signature