

Lump sum payment directive – Qualified plan

Principal® Custody Solutions
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Plan information

Plan name _____ Plan number _____ Requested payment date _____

Payee information

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip code _____

Yes No

U.S. Citizen _____ Country other than U.S. _____

Date of birth _____ Participation date _____ Termination date _____ Retirement date _____

Reason for Distribution - Select one from each category

Select one: Total distribution Partial distribution Tax Record only IRS distribution code _____

Select one: Cash Rollover to IRA or qualified plan Automatic rollover Taxable rollover from pre-tax account to Roth IRA

Select one: Retirement/Termination Minimum distribution Disability Loan default Loan QDRO

Spousal death benefit Non-spousal death benefit Hardship In-service withdrawal Other _____

Payment detail information

Total payment amount \$ _____ After tax amount \$ _____ Loan balance \$ _____

Puerto Rico taxable amount \$ _____ U.S. taxable amount \$ _____

Trust account # _____ Amount \$ _____ Trust account # _____ Amount \$ _____

Trust account # _____ Amount \$ _____ Trust account # _____ Amount \$ _____

In-kind Distribution information

Number of shares _____ Original cost per share \$ _____ Market value per share \$ _____

Valuation date _____ Stock CUSIP _____

Withholding information (Do not complete if rollover) Enter withholding information received from the payee

Federal withholding

Calculate withholding _____

Additional tax amount \$ _____

Do not withhold any federal tax (Nonqualified plans do not permit "do not withhold" unless payee is exempt from withholding last year and this year)

State withholding

Do not withhold any state tax Calculate withholding: State code _____

Married Single Other _____

Exemptions _____ Additional tax amount \$ _____ Fixed amount \$ _____

Note: Election options vary by state, if the payee's election is not permitted a default withholding may be applied where withholding is mandatory.

Delivery information

U.S. Bank direct deposit (If bank is outside the U.S. use Check to Bank)

Financial institution name

Account type: Checking Saving

Routing transit number

Deposit account number

Tax record only Check to home

Check to Bank

Financial Institution name

Deposit account number

Address

City

State

Zip code

Country other than U.S.

Special instructions

Authorized signature

I hereby certify that I am authorized to instruct the Trustee with respect to the requested distribution and that the distribution complies with the terms of the plan.

X

Plan sponsor authorized signature

Date

Print name

Phone number

Investment and Insurance Products are:

- Not Insured by the FDIC or Any Federal Government Agency.
- Not a Deposit or Other Obligation of, or Guaranteed by Principal Bank or Any Bank Affiliate.
- Subject to Investment Risks, Including Possible Loss of Principal Amount Invested

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