

Principal Trust Company

A member of



Mailing Address:
P.O. Box 8963
Wilmington, DE 19899-8963
800-209-9010 Fax: 302-999-9554

2012 Required Minimum Distribution (RMD) Form

1. Tell Us About Yourself (Please complete all fields below)

Name		Daytime Phone	Social Security Number
Account Number	Investment Firm/Account Executive's Name		Investment Representative & Phone Number
Plan/Account Type:			

2. Calculating Your Life Expectancy Factor

The Uniform Lifetime Table below will help you determine your required payment. Here's how to use it:

- Find your age on your 2012 birthday. The figure beside your age is your life expectancy factor.
- Divide the December 31, 2011 total value of all assets within your Principal Trust Company retirement account by the life expectancy factor.
- **STOP!**
If you are an IRA **beneficiary** taking a Required Minimum Distribution, the information on this form cannot be used to calculate the amount of your distribution. Please refer to our beneficiary RMD calculator located on our website at www.principaltrust.com or call our Client Contact Center at 800.209.9010.
- Once you have calculated your RMD you will need to complete sections 4 through 9 in order to process your 2012 RMD.

Uniform Lifetime Table

Age	Life Expectancy Factor	Age	Life Expectancy Factor	Age	Life Expectancy Factor	Age	Life Expectancy Factor	Age	Life Expectancy Factor
70	27.4	75	22.9	80	18.7	85	14.8	90	11.4
71	26.5	76	22.0	81	17.9	86	14.1	91	10.8
72	25.6	77	21.2	82	17.1	87	13.4	92	10.2
73	24.7	78	20.3	83	16.3	88	12.7	93	9.6
74	23.8	79	19.5	84	15.5	89	12.0	94	9.1

You can receive additional information about mandatory payments from your local IRS office or by calling the IRS Forms Distribution Center at 800-829-3676. Ask for IRS Publication 590 if you have an IRA or IRS Publication 560 if you are a participant in an employer sponsored plan.

3. Calculating the Minimum Distribution

IMPORTANT:

- You must answer all questions below if you want us to calculate and authorize the disbursement of your Required Minimum Distribution.
- By completing the information below, you authorize Principal Trust to use this information to calculate your Required Minimum Distribution and authorize the distribution out of your account. You acknowledge that Principal Trust will not confirm the amount of distribution to you before processing the distribution. You understand that you should provide information in Section 5 of this form to indicate what percentage of your distribution should be paid in cash and what percentage should be paid in securities and that if you do not detail this information in Section 5, we will send generic authorization to your investment firm to make the distribution.

NOTE:

You may only use Joint Life Expectancy if your spouse is your sole beneficiary and is at least ten (10) years younger than you. (You must answer questions (a) through (d) if you are using Joint Life Expectancy. All others must use the Uniform Lifetime Table and answer questions (a) through (c).)

Which withdrawal calculation method are you using? **Uniform Lifetime** or **Joint Life Expectancy**

(a) What is your date of birth?

(b) What was the December 31, 2011 market value of your account? \$

(c) What, if any, is the total amount of distribution(s) taken towards your 2012 Required Minimum distribution? \$

(d) If you are using Joint Life Expectancy, what is your spouse's date of birth

4. Account Status

- I am taking a partial distribution. (My retirement plan will remain open.)
- This represents a total closing of my account.

5. Tell Us About Your Payment Amount (Please select from one of the following options)

NOTE:

Completing this section will authorize distribution as listed below. If you have asked us to calculate your payment in Section 3, please update appropriate field below with percentage information. If a dollar amount is entered in any of the fields below, we will authorize the disbursement of Required Minimum Distribution.

- (a) _____ \$ or % Cash Only
- (b) _____ \$ or % Securities Only (You must complete the "Securities to be Reregistered or Liquidated" chart below)
- (c) _____ \$ or % Cash and _____ \$ or % Securities (You must complete the "Securities to be Reregistered or Liquidated" chart below)

Securities to be Registered or Liquidated (must be completed if (b) or (c) selected above)

Select One Liquidate/Reregister	How Much (Shares, Units, \$ Amount or %)	Name of Asset(s)	Account Number(s)	Broker Held	Fund/ Agent Held
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>	<input type="checkbox"/>

6. When Should We Send Your Payment(s)?

1. This is a one-time 2012 payment. Send my payment in _____ (month).
- or
2. Beginning in _____ (month), my payments should be made: Monthly Quarterly

NOTE:

If you select monthly or quarterly payments, please ensure there is sufficient time to receive your minimum payment by December 31, 2012

7. Where Should We Send Your Payment(s)?

<input type="checkbox"/> Home			or	<input type="checkbox"/> Other (complete information below)		
Street Address				Street Address		
City				City		
State		ZIP		State		ZIP

If "**Other**" selected above, please provide the following additional information:

Payee Firm Name		Routing Number (additional wire charge may be applicable)	
Account Type		Account Number	Payment Method
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:			<input type="checkbox"/> Check <input type="checkbox"/> Journal

8. Should We Withhold Taxes?

1. (a) I do NOT want taxes withheld from my distribution.
2. (b) I DO want 10% in Federal taxes withheld. Withhold additional: _____ % or \$ _____

NOTE:

Federal Income Taxes must be withheld from distributions unless the recipient elects not to have withholding applied. You may elect out of this withholding by checking option (a) above. If no election is made or if you elect to withholding (b) above, we must withhold taxes at the required flat 10% rate. If you elect to have withholding, you can also elect to have an additional amount or percentage withheld from your payment. If you elect federal tax withholding and live in a state that requires state tax withholding, we will also deduct state taxes from your payment.

IMPORTANT:

If you are a participant in an employer sponsored plan and withdraw amounts that exceed your minimum required payment, they are subject to the required 20% tax withholding. Amount for withdrawal that exceeds your RMD, or for a total closing, must be requested using our Qualified Plan Distribution Request Form.

9. Your Signature

I understand, acknowledge, and agree that, if I request Principal Trust Company to calculate my required minimum distribution payment, it will do so based solely on the information that I provide. I further understand, acknowledge, and agree that I am solely responsible for verifying the accuracy of Principal Trust Company's calculations and the distribution amount when I receive it.

«Dear» Signature	Date
X	