

Principal Trust Company

A member of



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

**2010 Form for
 Required Minimum Distribution
 (RMD)**

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: <input type="checkbox"/> IRA <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Pension <input type="checkbox"/> Individual 401(k) <input type="checkbox"/> 403(b)(7) | | | |

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 2010 birthday. The figure beside your age is your life expectancy factor.
- Divide the December 31, 2009 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.

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

You must answer questions (a) through (e) below if you want us to calculate your Required Minimum 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 (b) through (e) if you are using Joint Life Expectancy. All others must use the Uniform Lifetime Table and answer questions (c) through (e).)

(a) Which withdrawal calculation method are you using? Uniform Lifetime or Joint Life Expectancy

(b) If you are using joint life expectancy, what is your spouse's date of birth? _____

(c) What is your date of birth? _____

(d) What was the December 31, 2009 market value of your account? \$ _____

(e) What, if any, is the total amount of distribution(s) taken towards your 2010 Required Minimum distribution? \$ _____

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. Calculation will not be performed regardless if section 3 is completed)

\$ _____ Cash Only

\$ _____ Securities Only (You must complete the "Securities to be Reregistered or Liquidated" chart below)

\$ _____ Cash and \$ _____ Securities (You must complete the "Securities to be Reregistered or Liquidated" chart below)

Securities to be Registered or Liquidated

| Select One Liquidate/Reregister | How Much (Shares, Units, or \$ Amount) | 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)?

This is a one-time 2010 payment. Send my payment in _____ (month).

or

Beginning in _____ (month), my payments should be made: Monthly Quarterly

Note:

If you select monthly or quarterly payments, please ensure that you have sufficient time to receive your minimum payment by December 31, 2010

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

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

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

| | | |
|--|----------------|---|
| Payee Firm Name | | |
| 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?

A. I do NOT want taxes withheld from my distribution.

B. I DO want taxes withheld. Please withhold _____ % 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, we must withhold taxes at the required flat 10% rate. 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 NOTICE: 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.

| | |
|-----------|-------|
| Signature | Date |
| X _____ | _____ |