

Principal Trust Company

A member of



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

**SIMPLE IRA
Distribution Form**

Account Executive's Name:	Phone Number:
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1. Tell Us About Yourself (Please Print)

Name:		Social Security Number:	
Address:	City:	State:	ZIP Code:
Investment Firm & Account Number:	Date of Birth:	Daytime Phone Number:	

2. Reason For Distribution

Please select only one choice.

<input type="checkbox"/> Normal	Recipient is over age 59½.
<input type="checkbox"/> Early Withdrawal	(Internal Revenue Service (IRS) penalties may apply) I am under age 59½ and have participated in my employer sponsored SIMPLE IRA plan for at least two years. I understand that a 10% penalty by the IRS may apply.
<input type="checkbox"/> Early Withdrawal	(IRS penalties may apply) I am under age 59½ and have not participated in my employer sponsored SIMPLE IRA plan for at least two years. I understand that a 25% penalty by the IRS may apply.
<input type="checkbox"/> Payments Based On Life Expectancy	Distribution will be part of a series of substantially equal, periodic payments (at least annually).
<input type="checkbox"/> Death	Beneficiary of deceased account holder completes form. A certified copy of death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If the beneficiary is an estate, Letters Testamentary/Administration are required. If beneficiary is a Trust, a copy of the Trust is required.
<input type="checkbox"/> Disability	Physician's certification or social security certification necessary.
<input type="checkbox"/> Divorce	Enclose a certified copy of the divorce decree with raised seal along with former spouse's social security number, date of birth, letter of instruction, and former spouse's address.
<input type="checkbox"/> Removal of Excess Contribution	Removal is being made <input type="checkbox"/> Before <input type="checkbox"/> After tax filing deadline. If after, please provide amount of earnings \$ _____. Please note: Earnings are subject to tax withholding.

3. Where Should We Send Your Distribution?

<input type="checkbox"/> Home Address (as listed in Section 1)			
<input type="checkbox"/> Journal to Account Number _____			
<input type="checkbox"/> Other. Please provide us with mailing and deposit instructions.			
Name of Financial Institution:	Account Number:		
Address:	City:	State:	ZIP Code:

4. Tell Us About Your Distribution

Check the appropriate boxes.

- Total Distribution** A. Liquidate
 B. Securities (certificate form)
- Partial Distribution** A. Cash Only \$ _____
 B. Securities Only (Please list below)
 C. Cash **and** Securities \$ _____ (List securities below)

Securities to be reregistered or liquidated:

Liquidate/Reregister (Please check one)	How Many Shares, Units, or \$ Amount	Name of Asset	Account Number	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"/>

- Frequency of Distribution:** Monthly Quarterly Semi-Annually Annually
 (please check) One Time

Note: Periodic distributions will begin when form is received by trustee.

5. Important Information Regarding Tax Withholding

Federal income taxes must be withheld from distributions unless the recipient elects not to have withholding apply. You may elect out of this withholding by checking the appropriate box below. If no election is made, we must withhold taxes at the required flat 10% rate. If you live in a state that requires state withholding, that amount may be withheld also. Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Choose One:

- Option 1** I elect to have no income tax withheld from my retirement account distribution.
- Option 2** I want income taxes withheld from my retirement account distribution at a rate of _____% plus an additional \$ _____.
- Option 3** I want income taxes withheld in the amount of \$ _____.

If you have indicated above that you are taking partial distributions, your withholding election shall remain in effect until it is revoked by you.

6. Your Signature and Date

Signature:	Date:
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Please mail completed form to Principal Trust Company, P.O. Box 8963, Wilmington, DE 19899-8963. If you like, you may fax your completed request to us at 302-999-9554. If you have any questions regarding the completion of this form, please contact our Client Contact Center at 800-209-9010.