

Principal Trust Company

A member of



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

**Qualified Plan
Beneficiary Claim Form**

Important Information

This form is only to be completed in cases where the account holder is deceased. Based on the beneficiary relationship we require additional information outlined below.

If the beneficiary is:	We need:
Spouse	- Certified copy of the death certificate
Non-Spouse	- Certified copy of the death certificate - Guardianship paperwork and letter of authorization from the guardian if beneficiary is a minor
Trust	- Certified copy of the death certificate - A copy of the fully executed Trust that clearly identifies all of the beneficiaries and the trustee - Tax ID number for the Trust
Estate	- Certified copy of the death certificate - Letters of Testamentary or Letters of Administration - Tax ID number for the Estate

I. Plan Sponsor Information (Please print or type)

Plan Name		Plan Type <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Pension <input type="checkbox"/> Individual 401(k)		
Participant (Decedent) Name		Plan Number	% Awarded	
Investment Firm	Account Number	Participant's Date of Death	Participant's Outstanding Loan Balance	
Participant's Social Security Number		Participant's Date of Birth	Participant's Date Last Worked	

Was the participant married at least one year when the death occurred? Yes No

II. Beneficiary Election (To be completed by the Beneficiary)

Note: If more than one beneficiary, each beneficiary must complete a separate claim form.

Beneficiary Name		Relationship to Decedent		
Beneficiary Address		City	State	ZIP Code
Social Security Number / EIN for Trust or Estate		Date of Birth	Daytime Phone Number	

Many options are available to you as the beneficiary of a participant's retirement plan. You may choose one of the following distribution options. Please consult your tax or legal advisor if you have any questions regarding which choice is best for you.

- Deferred Decision (Go to Section III)**
You may choose to defer your decision about this benefit until December 31 of the year following the Participant's death. The retirement benefit/account and investment return will not be taxed until distributed. Complete Section III Beneficiary Designation below if you choose this option.
- Direct Rollover to Inherited IRA (Non-Spouse) or Direct Rollover to an IRA or Qualified Plan (Spouse): (Go to Section IV)** This provides us with the Distribution Type and Distribution Method.
- Cash Distribution (Go to Section IV)**
You may choose to have a lump sum cash distribution paid to you. Your distribution will be subject to mandatory 20% withholding as required by law. You may avoid this withholding by electing a direct rollover to an eligible retirement plan. If you live in a state that requires state tax withholding, that amount may be deducted also.

III. Beneficiary Designation (Complete only if "Deferred Decision" was selected above)

I designated the following as my beneficiary(ies) to receive benefits payable under the plan in the event of my death. This beneficiary designation will supercede any and all previous beneficiary designations.

Note: Please check the appropriate Primary or Contingent box for each beneficiary.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Social Security Number	Date of Birth	Allocation %	Relationship
	Street Address	City	State	ZIP Code	Phone Number
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Social Security Number	Date of Birth	Allocation %	Relationship
	Street Address	City	State	ZIP Code	Phone Number
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Social Security Number	Date of Birth	Allocation %	Relationship
	Street Address	City	State	ZIP Code	Phone Number

IV. Distribution Information (Please select from each of the Event, Method, and Type options)

This will be a: Total Distribution Partial Distribution in the amount of \$ _____

Distributable Method	Distribution Type
<input type="checkbox"/> In-Cash (liquidating assets)	<input type="checkbox"/> Direct Rollover to another Qualified Plan
<input type="checkbox"/> In-Kind (reregistering assets/certificate form)	<input type="checkbox"/> Direct Rollover to IRA

V. Payment Information

Note: All distributions will be issued to the Beneficiary and mailed to the address in Section II unless directed otherwise in this section.

Make Check Payable and Issue to: Financial Institution, Qualified Retirement Plan, or Personal Account Information

Name of Financial Institution	Plan Type			
	<input type="checkbox"/> 401(k)	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Pension	<input type="checkbox"/> IRA
Mailing Address	City	State	ZIP Code	
Account or Identification Number	Name of Contact at Financial Institution	Phone Number		

VI. Beneficiary Signature

I have received a written explanation of the special tax rules for distributions eligible for rollover treatment as described in §402(f) of the code ("§402(f) Notice") from the plan sponsor. I have reviewed the notice and understand the information provided.

Federal tax law requires a payment cannot be made any sooner than 30 days, nor later than 180 days after I receive the §402(f) Notice. However, my signature below is an affirmative election for the distribution option chosen on this election form and reduces the 30-day waiting period to 7 days as allowed by law. *I understand if 180 days has passed since I received the §402(f) Notice, I should request another copy to restart the time limit described above.* I certify that I received the §402(f) Notice on the date I signed the form, unless I enter a different date here _____.

I understand the relationship between my benefit election(s) and income tax withholding and have consulted a tax advisor, if necessary. I certify the information I provided on this form is accurate and complete. This election cancels any prior election I made under this Plan.

Beneficiary's Signature	Date	
Witness by Notary Public	Date	If Notary Public, Commission Expires

VII. Plan Sponsor Signature

I certify the above information is true and correct. I authorize Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (to make a distribution to this Beneficiary of the current account balance, plus future benefits that may be credited to the participant's account, according to the terms of our plan.

Plan Sponsor (Print Name)	Title
Plan Sponsor Signature	Date