

Principal Trust Company

A member of



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**Qualified Plan
Qualified Domestic
Relations Order (QDRO)
Distribution Request**

Section A: Plan Sponsor completes Section A

I. Plan Sponsor Information (Please print or type)

NOTE: The plan sponsor, acting as plan administrator, is responsible for determining if a "Domestic Relations Order (DRO)" is qualified. Please refer to the Retirement Equity Act of 1984 (REA) which amended the Internal Revenue Code (1986) and the Employee Retirement Income Security Act of 1974 (ERISA). Only the plan administrator can determine if an order is a "Qualified Domestic Relations Order (QDRO)". Section "C. II." of this form will require your authorization that you have reviewed the Domestic Relations Order and have determined it is Qualified. We recommend you consult your legal advisor before taking any action.

Employer Name		Plan Type		
Plan Name		<input type="checkbox"/> Pension	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Individual 401(k)
Plan Number	Daytime Phone Number	Email Address		

II. Participant Information (Please print or type)

Participant Name				
Participant Address		City	State	ZIP Code
Employment Status		Vesting Percentage		
<input type="checkbox"/> Active				
<input type="checkbox"/> Termination Date _____				

III. Alternate Payee Information (Please print or type)

Alternate Payee Name		Relationship to Plan Participant		
Alternate Payee Address		City	State	ZIP Code
Social Security Number	Date of Birth	Daytime Phone Number		

IV. Domestic Relations Order Review

Are the assets to remain in the plan? Yes * No

* If the assets will remain in the plan, a Participant Information & Beneficiary Designation/Change Form needs to be attached to this request

Brokerage Firm / Investment	Account Number	Award Amount or Percent	Effective Date of Award	DRO Page Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Section B: Alternate Payee completes Section B

I. Important Distribution Information for the Alternate Payee

- Please read the information outlined in the "Special Tax Rules For Your Benefit Payment" form prior to completing this form.
- Any distribution which is not eligible to be a direct rollover will have Federal Income Tax withheld as required by law. You cannot elect out of this withholding. IRS required 20% flat rate unless indicated otherwise below. If you live in a state that requires state tax withholding that amount may also be deducted.
- If you want more than 20% withheld, please complete:

_____ % or \$ _____ Tax withholding

II. Type and Method of Distribution (Please select from both the Type and Method listings)

Distribution Type	Distribution Method
<input type="checkbox"/> Direct Rollover to another Qualified Plan <input type="checkbox"/> Direct Rollover to an IRA <input type="checkbox"/> Assets will remain in the plan	<input type="checkbox"/> In-Cash (liquidating assets) <input type="checkbox"/> In-Kind (reregistering assets/certificate form)

III. Payment Information

Note: All distributions will be issued to the Alternate Payee and mailed to the address in Section "A. III." unless directed below. This section is required to process a Direct Rollover to another Qualified Plan, IRA or if assets are remaining in the plan.

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

Name of Financial Institution			
Mailing Address	City	State	ZIP Code
Account or Identification Number	Name of Contact at Financial Institution		

Section C: Signatures

I. Alternate Payee Signature

I have reviewed the "Special Tax Rules For Your Benefit Payment" form and understand the information provided.

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.

Federal tax law requires a payment cannot be made any sooner than 30 days or later than 180 days after I receive the Special Tax Rules for Your Benefit Payment. However, my signature below is an affirmation 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 Special Tax Rules For Your Benefit Payment, I should request another copy to restart the time limit described above.

To ensure compliance with the time limit I certify: I received the Special Tax Rules For Your Benefit Payment on:

(Use your best judgment if you're not sure of the exact date.)

Alternate Payee's Signature	Date
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II. 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 alternate payee based on the attached Domestic Relations Order. I have reviewed and certify that this is a Qualified Domestic Relations Order.

Note: The law requires you to give participants/alternate payees a written description of their benefit choices. Payments must commence within a 30 to 180 day period of when a participant/alternate payee received this information. However, an affirmative election by a participant/alternate payee can reduce the 30-day waiting period to 7 days. The law required you to give participants/alternate payees a written description of rollover rules if the distribution is eligible to be rolled over. The form Special Tax Rules For Your Benefit Payment satisfies this requirement.

Plan Sponsor (Print Name)	Title
Plan Sponsor Signature	Date