

THE INFORMATION AND FORMS YOU REQUESTED ARE ENCLOSED

Retirement Benefit Choices Guide



Your Choices

Before making a decision, you may want to consult with your tax advisor.

Description of choices	Tax implications
<p>1. Stay in the Plan</p> <p>If allowed by your plan, you may choose to keep the retirement funds under the plan until a later date.</p> <p>You must irrevocably elect to defer payment of some or all of the vested account balance until a date in the future that you select.</p> <p>After you terminate your service with your employer, you must make this election within the time specified in your plan. Contact your employer for details.</p> <p>If allowed by your plan, you may change how the retirement funds are invested. Periodic Retirement Plan Statements you receive will continue to show the account performance.</p> <p>If the vested account balance under the plan does not exceed \$5,000 (or a lesser amount in some plans), your employer may pay you the balance in cash without your consent.</p>	<ul style="list-style-type: none"> No income taxes are payable at this time. Taxation is delayed until constructive receipt occurs at a future date specified by you. Note: The unpaid balance of the vested account will remain subject to the claims of your employer's creditors or may be used to discharge other legal obligations in the event your employer is declared insolvent or in the event of bankruptcy.
<p>2. Cash Distribution</p> <p>If allowed by your plan, you may choose to receive the balance of the vested account as a cash payment..</p>	<ul style="list-style-type: none"> You pay income taxes for the year in which you receive the cash distribution. In general, distributions will be made by your employer and are reported on IRS Form W-2. All applicable taxes will be applied at that time. Social Security (FICA) tax and federal unemployment (FUTA) tax has been paid on all vested contributions/deferrals made to this plan. FICA and FUTA taxes are payable on any amounts not previously taxed. The vested account balance is subject to federal and state income tax (if any) at the time you are deemed to be in constructive receipt of the account. Constructive receipt generally occurs when the account is distributed or made available to you.

* This information is provided to assist you in analyzing tax consequences related to each benefit choice. It is not intended to be tax advice. You should discuss these tax implications with your tax advisor.

Before making choices, consult your tax advisor.

Description of choices	Tax implications
<p>3. Transfer to Another 457 Plan</p> <p>If allowed by your plan, you may choose to have the vested account balance transferred to another 457 plan (provided the receiving plan accepts such transfers).</p> <p>A tax deferred rollover or transfer to an IRA, 401(a) qualified plan or a 403(b) plan is not available.</p>	<ul style="list-style-type: none">• No income taxes are payable at this time. Taxation is delayed until constructive receipt occurs under the plan which is receiving the transferred assets.
<p>4. Installments</p> <p>If allowed by your plan, you may choose to receive the vested account in a series of payments, not to exceed your lifetime. Talk to your employer about the installment options available under your plan.</p>	<ul style="list-style-type: none">• You pay income taxes for the year in which you receive installment distributions. Note: Choosing an installment payment will allow the unpaid balance of the account to be subject to the claims of your employers' creditors or may be used to discharge other legal obligations in the event your employer is declared insolvent or in the event of a bankruptcy.• In general, distributions will be made by your employer and are reported on IRS Form W-2. All applicable taxes will be applied at that time.• Social Security (FICA) tax and federal unemployment (FUTA) tax has been paid on all vested contributions/deferrals made to this plan. FICA and FUTA taxes are payable on any amounts not previously taxed.• The vested account balance is subject to federal and state income tax (if any) at the time you are deemed to be in constructive receipt of the account. Constructive receipt generally occurs when the account is distributed or made available to you.

Have a question? We're here to help!
Call The Principal at
1-800-547-7754
Monday through Friday, 7 a.m. to 9 p.m.
(Central Time)



Principal Life Insurance Company

Mailing Address: PO Box 9394, Des Moines, IA 50306-9394

FAX: (866) 704-3481

Section 1 – Personal Information (Please print with black ink)

Employer Company Name _____

Contract/Plan ID Number	Participant ID Number	Location Number
Participant Name (first)	(middle initial)	(last)
Participant Address (street)	(city)	(state) (ZIP Code plus 4-digit)
Social Security/Taxpayer Identification Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
State of Legal Residence for Tax Purposes		
Daytime Phone Number	Evening Phone Number	

- I am a U.S. Person. (This includes a resident alien of the United States.)
- I am not a U.S. Person.

To learn more about how a U.S. Person is defined, please refer to Internal Revenue Service Publications 515 and 519, available on their website at www.irs.gov, or you may request a copy by calling 1-800-829-3676. Your tax advisor can also provide assistance.

Section 2 – Benefit Choices

Note: All choices may not be available under your plan.

You may choose one or more of the following benefit options. Complete the blank in front of the option you choose. The total must equal 100% or all of the vested balance.

Please call our toll free number: 1-800-547-7754 or consult your employer if you have questions about the choices.

Percentage or Dollar Amount	Option
	1. Stay in the Plan. (Complete the Irrevocable Election to Defer Payment Section 3.)
	2. Cash Distribution. (Check with your employer before completing Section 4.)
	3. Transfer to Another 457 Plan. (Complete Section 5)
	4. Installments. (Check with your employer for the installment options available under your plan before completing Section 6).
	Total (must equal 100% or entire vested balance)

Please Continue to Next Page

Section 3 – Irrevocable Election to Defer Payment

Pursuant to the terms of the plan, I hereby direct my employer to defer my payments from the plan. Choose either A or B below, and complete the necessary information:

- A. I want the payments from this plan to be paid (or start being paid) as soon as practicable following the last day of the month which includes the _____ year anniversary of my termination of employment date with employer.
- B. I want the payment from this plan to be paid (or start being paid) on _____ (specify date).

You must notify the plan sponsor 30 days prior to this date that your payments need to begin on the above date. I understand and acknowledge that choosing to defer my payments from this plan until a later date does not mean that I will receive an actual commercial annuity contract and does not guarantee payments will be available to me in the future. The unpaid balance of the account will remain subject to the claims of my employer's creditors or may be used to discharge other legal obligations in the event my employer is declared insolvent or in the event of a bankruptcy.

Section 4 – Cash Distribution (check with your employer before completing this section)

Choose option A or B below. Please send my benefit payment via:

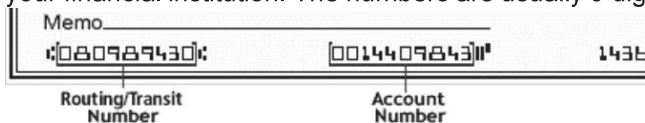
- A.** Direct Deposit

Financial Institution Information: *Please enclose a voided check (if applicable) and complete the following information:*

Financial Institution Name		Your Name as Shown on the Account (Your Name Must Be on the Account Indicated)		
Financial Institution Address (street number & name, must be located in the U.S.)		City	State	Zip Code
Routing/Transit Number (9 digits)	Your Account Number (up to 21 digits)	Account Type:		
		<input type="checkbox"/> Savings <input type="checkbox"/> Checking		

How to find the Routing/Transit Number:

You can usually find the routing/transit number at the bottom left-hand corner of the checks issued to you by your financial institution. The numbers are usually 9 digits long.



- B.** Check

Mail check to (Only complete if mailing address is different than Section 1):

Name		
Mailing Address		
City	State	ZIP Code Plus 4-digit

State income tax withholding may apply to the cash distribution. If the state of legal residence box is not completed in Section 1, the state given in your address is used to determine whether state taxes apply.

Section 5 – Transfer to Another 457 plan

Receiving Financial Institution Information

Name of Financial Institution, Trust Account or Trustee	
Mailing Address of Financial Institution (Street or PO Box)	Name or Agent/Broker or Contact at Financial institution (Optional)
City of Financial Institution	State of Financial Institution

Section 6 – Installment (Select One)

Payment Option	Payment Information (Please refer to Section 6 for the tax implications)
<input type="checkbox"/> Fixed Period payments over _____ years	The payment amount will be re-determined each year.
<input type="checkbox"/> Fixed Payment amount of \$ _____	The payment amount will remain the same each year.

Payment Frequency

I want my first payment to begin Immediately Other _____ (designate month)

If you want payments to begin immediately, the first payment will be made within 2 weeks from the date this form has been returned to our office.

Payment Frequency: (please check one) Monthly Quarterly Semi-Annually Annually

Each payment will be processed from the account on or near the same date of the month at the frequency selected above. Payments that include non-proprietary investments will only be deducted from the account on open market business days. Direct Deposit will transfer your payment directly to your bank account. The transmission will occur the second business day immediately following the day it is deducted from the retirement account. Exact timing of payment may vary.

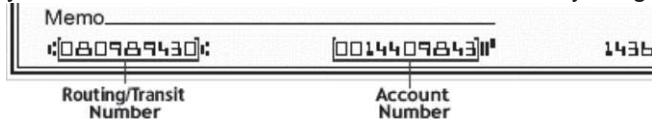
Installment payments will be automatically set up for Direct Deposit.

Financial Institution Information: Please enclose a voided check (if applicable) and complete the following information:

Financial Institution Name	Your Name as Shown on the Account (Your Name Must Be on the Account Indicated)		
Financial Institution Address (street number & name, must be located in the U.S.)	City	State	Zip Code
Routing/Transit Number (9 digits)	Your Account Number (up to 21 digits)	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	

How to find the Routing/Transit Number:

You can usually find the routing/transit number at the bottom left-hand corner of the checks issued to you by your financial institution. The numbers are usually 9 digits long.



You pay income taxes for the year in which you receive installment distributions. Distributions are reported on IRS Form W-2. All applicable taxes will be applied at that time.

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Beneficiary Designation

Note: Complete this section to change or reaffirm a plan beneficiary already chosen. If this section is left blank, the beneficiary designation on file (if any) will remain in effect

Married with Spouse as Beneficiary

I am Married and designate my spouse named below to receive all death benefits from the plan.

Spouse's Full Name (first)	(middle)	(last)
Address (street)	(city)	(state) (ZIP Code plus 4-digit)
Social Security Number	Date of Birth	

If spouse is not living, pay death benefits to:

Full Name (first)	(middle)	(last)
Participant Address (street)	(city)	(state) (ZIP Code plus 4-digit)
Social Security Number	Date of Birth	Relationship to Me
		Percent

Full Name (first)	(middle)	(last)
Participant Address (street)	(city)	(state) (ZIP Code plus 4-digit)
Social Security Number	Date of Birth	Relationship to Me
		Percent

Single Participants

I am Not Married and designate the following person(s) to receive any death benefits from the plan/contract. I understand if I marry, this beneficiary designation is void one year after my marriage (some plans/contracts specify a shorter period).

Full Name (first)	(middle)	(last)
Participant Address (street)	(city)	(state) (ZIP Code plus 4-digit)
Social Security Number	Date of Birth	Relationship to Me
		Percent

Full Name (first)	(middle)	(last)
Participant Address (street)	(city)	(state) (ZIP Code plus 4-digit)
Social Security Number	Date of Birth	Relationship to Me
		Percent

My selection of a beneficiary appears on a separate sheet of paper. I understand if my designation requires more space, I must check the box and staple additional paper to this form. I also understand my spouse and I (if married), must sign and date the separate sheet of paper.

Section 7 – Participant’s Signature

If using Direct Deposit:

I authorize Principal Life Insurance Company (Principal Life) to initiate credit entries to my checking or savings account at the financial institution named within the Cash Distribution or Installment section, and if necessary, to initiate debit entries and adjustments to correct any credit entries made in error. I authorize the financial institution to credit and/or debit entries to my checking or savings account. This authorization applies to any payments that hereafter become due and payable to me under the provisions of the plan(s) identified by the Social Security Number identified within this distribution form.

The authorization is to remain in full force until I notify Principal Life in writing at its Home Office that the agreement is no longer effective. This election will update any Direct Deposit authorization agreement on file.

CERTIFICATION: UNDER THE PENALTIES OF PERJURY, I certify with my signature below that the information provided in each completed section of this form is/are true, correct, and complete.

Participant Signature	Type or Print Name	Contract/Plan ID Number	Date
X			/ /

Your balance, and thus the amount of your final payout, changes daily due to a number of factors, including the current market value of your investments.

Redemption fees may apply on certain transactions. For further information on redemption fees, please visit principal.com.

Revocability of Benefit Election: You have elected to roll over your retirement funds in the retirement plan. Your election becomes irrevocable once the request has been processed.

Section 8 – Employer Section

Date Employment Ended _____

- Benefit Event: Termination of Employment
 Disability*
 Retirement*

Other: Plan Termination

* The participant must terminate employment in order to receive these benefits.

Will you make additional contributions to this participant? Yes No

If yes, when will we receive the expected contribution? _____ (Benefit payments will be delayed until we receive that contribution.)

Mail Check to:

- Participant (If PLIC prepares W-2)
 Plan Sponsor
 Other 457 Plan (if checked, verify address in Section 5 is accurate)

Print Name	Title

Employer Signature	Date
X	

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