

THE INFORMATION AND FORMS YOU REQUESTED ARE ENCLOSED

IBEW Local 347 Retirement and 401(k) Plan Retirement Benefit Choices Guide



WE'LL GIVE YOU AN EDGE®

Your Choices

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

Description of choices	Tax implications (Refer to pages 33-36 for more tax information)	Form(s) location
<p>1. IRA with the Principal Financial Group®</p> <p>You can request to roll over your retirement funds into an IRA with The Principal®.</p> <ul style="list-style-type: none"> If you are not working with an agent or broker, please call 1-800-247-8000 ext. 753. We can recommend a suitable product, complete an application over the phone and send it to you ready for your review and signature by e-mail or postal mail. 	<ul style="list-style-type: none"> You will continue to defer taxes on the taxable amount rolled over and potential earnings until you elect to take a distribution from the IRA. The 20% federal tax withholding doesn't apply to a rollover until distribution. Lets you avoid the 10% additional income tax that applies if you're younger than 59½ and left employment before the year in which you turned 55 (see pages 33-36). 	<p>Pages 5-8</p>
<p>2. Direct Rollover</p> <p>You can request to have your retirement funds sent directly to:</p> <ul style="list-style-type: none"> An IRA with another financial institution. Another eligible retirement plan with the Principal Life Insurance Company (Principal Life). Another eligible retirement plan outside Principal Life. 	<ul style="list-style-type: none"> You will continue to defer taxes on the taxable amount rolled over and potential earnings until you elect to take a distribution from the IRA. The 20% federal tax withholding doesn't apply to a rollover until distribution. Lets you avoid the 10% additional income tax that applies if you're younger than 59½ and left employment before the year in which you turned 55 (see pages 33-36). 	<p>Pages 9-13</p>
<p>3. Cash Distribution – Paid to You</p> <p>You choose how much of your retirement funds you want to receive as a single cash payment.</p>	<ul style="list-style-type: none"> The amount distributed from the plan will be reported as income in the year it's taken. The 20% federal tax withholding applies. The payment may be subject to a 10% additional income tax if you're younger than 59½ and left employment before the year in which you turned 55 (see pages 33-34). You may roll over cash distributions within 60 days of issue to avoid federal tax liability and the 10% additional income tax. Please refer to the Sixty-Day Rollover Option on pages 33-36. 	<p>Pages 15-20</p>
<p>4. Stay in the Plan</p> <p>You leave your retirement funds in your former employer's plan and keep your current investment options.</p> <p>If you choose to stay in the plan, you may have this option available – Full Flexibility Option/Installments.</p>	<ul style="list-style-type: none"> You will continue to defer taxes on the taxable portion of your account and potential earnings until you elect to take a distribution. You pay taxes each year on the taxable portion you receive. 	<p>Page 21</p>

Before making choices, consult your tax advisor.

Description of benefit choices	Tax implications (Refer to pages 33-36 for more tax information)	Form(s) location
<p>5. Plan Annuity Options</p> <p>You can elect to receive guaranteed income based on the options available under your former employer's plan.</p> <ul style="list-style-type: none"> • Survivorship Annuity <p>You receive regular income for life. After your death, your contingent annuitant receives a percentage of your regular income for life.</p> <ul style="list-style-type: none"> • Single Life Annuity <p>You receive regular income for life. Payments stop when you die.</p>	<ul style="list-style-type: none"> • You pay taxes each year on the taxable portion you receive. • Taxes are withheld on the taxable portion as if you were married claiming three allowances unless you choose another option on Form W-4P. • The 20% federal tax withholding doesn't apply. • The 10% additional income tax doesn't apply. 	<p>Pages 23-27</p>

Additional Information in the Guide

Description	Purpose	Location
<p>Benefit Illustration Example</p>	<p>Provides an example of monthly benefits you and your spouse might receive under various benefit options.</p>	<p>Page 32</p>
<p>Your Rollover Options</p>	<p>Gives additional information on how you can continue to defer federal income tax on your retirement savings in the plan.</p>	<p>Pages 33-36</p>

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

IRA with The Principal®

Use this form to request a rollover to an IRA with The Principal.

Section 1 – Personal Information

Use black ink to complete all pages of this form.

Please PRINT neatly.

Company Name Contract/Plan ID Number Social Security/Taxpayer Identification Number

IBEW Local 347 Retirement & 401(k) Plan **431329**
Name (first) (middle initial) (last)

Address (street) (city) (state) (ZIP Code plus 4-digit)

Daytime Phone Number Evening Phone Number Date of Birth State of Legal Residence for Tax Purposes
/ /

- 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 – Direct Rollover IRA with The Principal

Are you currently working with an agent or broker?

- Yes. Please continue filling out the application, Sections 2 through 5.

Broker/Agent Name Broker/Agent Phone Number

- No. Do not complete this form

If you are not working with an agent or broker who has helped you set up your account at The Principal, call us at 1-800-247-8000, ext. 753. We can recommend a suitable product, complete an application over the phone and send you forms by e-mail or postal mail that are ready for your review and signature.

DIRECT ROLLOVER -- This option allows you to keep the retirement funds tax-deferred and avoid the 10% additional income tax.

- Roll 100% of my balance to a new account** (all of the contributions types within my plan will be rolled to a new account.)

Distribute to:

- Pre-Tax IRA
- Roth IRA (Taxes will only be withheld on pre-tax contributions rolling to a Roth IRA if indicated below.)
_____% Federal withholding on Roth IRA rollover

Select Product Type:

- Mutual Fund
- Principal Bank IRA
- Fixed Annuity IRA
- Variable Annuity IRA
- Brokerage Account (Stocks or General Securities)

Rollovers will not be initiated until confirmation of an IRA account has been provided by the receiving area. Please Continue to Next Page ➡

Legal Requirement*

This is an important decision. Before signing, be sure you understand what retirement benefits you'll receive and what benefits you'll no longer be eligible to receive.

Section 3 – Participant’s Signature

I reviewed the attached *Retirement Benefit Choices Guide* and understand my benefit choices.

I understand my benefits under the plan may be paid to me in the form of a Qualified Joint and Survivor Annuity as described in the *Retirement Benefit Choices Guide* (see pages 29-32), and I have the right to waive this form of payment and elect to receive my benefits in another form of payment. I further understand I may revoke any waiver in effect before I receive any benefits under the plan.

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.

Federal tax law requires a payment cannot be made sooner than 30 days, nor later than 180 days after I receive the *Retirement Benefit Choices Guide*. 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 *Retirement Benefit Choices Guide*, I am required to receive a new booklet and must complete and submit another copy of this election form to restart the time limit described above.

I'm Married Single Legally Separated (attach copy of court order)

NOTE: If Single or Legally Separated box is checked, spousal consent is not necessary.

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		431329	/ /
I certify that I received, either in paper copy or electronic delivery, all pages of the <i>Retirement Benefit Choices Guide</i> on the date I signed this election form, unless I enter a different date in the following box:			
Date I received the <i>Retirement Benefit Choices Guide</i> : _____ / _____ / _____.			

Please Continue to Next Page ➡

* The information and signatures in these sections are required by Internal Revenue Code § 417, 402(f), 411(a)(11).

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 login to your account at *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 4 – Spouse’s Signature

(Complete only if “Married” box is checked in Section 3.)

If spouse can be located:

I, _____ (print name of the spouse of the plan participant), am the spouse of _____ (print name of plan participant). **I understand** I have the right to have benefits paid in the form of a QJSA benefit (refer to pages 29-32 for explanation and examples). **I agree** to give up this right.

I understand by signing this agreement, I may receive less money than I would have received under the QJSA form of payment and I may receive nothing after my spouse dies, depending on the payment form and beneficiary my spouse chooses.

I agree the benefits paid under this plan will be paid as selected on this Election Form. However, my spouse can change the payment form unless I restrict my spouse’s ability to change by marking the box below. **I understand** my spouse can change to the QJSA form of benefit payment without my consent.

I understand I do not have to sign this agreement. I am signing this agreement voluntarily. If I do not sign this agreement, the plan may require that my spouse and I receive payments from the plan in the QJSA form of benefit (see pages 30-32).

Federal tax law requires a payment cannot be made sooner than 30 days, nor later than 180 days after my spouse receives the *Retirement Benefit Choices Guide*. However, my signature below will serve as consent to the plan participant’s decision relating to a waiver of 30-day waiting period to 7 days.

Spouse’s signature must be witnessed by either a Notary **OR** a Plan Representative.

Spouse Signature: The signature dates for both the spouse and the notary or plan representative must match.			
Mark this box if applicable:	<input type="checkbox"/> My consent is only for the form of benefit chosen on this election form	Spouse Signature	Date
		X	/ /
Type or print name of Spouse			

Notary Public: The person signing as spouse appeared before me and signed the above consent.		Notary Signature
Sworn to and subscribed before me this _____ day of _____, 20____,		X
in the State of _____, County of _____.		Notary expires on / /
Type or print name of Notary		
<input type="checkbox"/> The person who signed as spouse is personally known to me, or <input type="checkbox"/> The person who signed as spouse produced identification.		Type of Identification:
If your state has specific notary acknowledgment requirements then the notary will need to include any additional acknowledgement and attach it to this distribution form.		

Plan Representative: The spouse appeared before me and signed this consent.	Plan Representative Signature	Date
	X	/ /
Type or print name of Plan Representative		

If spouse cannot be located:	Plan Representative: It has been established to my satisfaction the spouse cannot be located	Plan Representative Signature	Date
		X	/ /

Please Continue to Next Page ➡

* The information and signatures in these sections are required by Internal Revenue Code § 417, 402(f), 411(a)(11).

Section 5 – Plan Sponsor Section

(This section is to be filled out by an authorized representative of the Fund Office.)

Date Employment Ended _____ / _____ / _____

Benefit Event: Leaving the Trade Other: Plan Termination
 Retirement
 Disability

Plan Sponsor’s Signature

I certify the above information is true and correct. I authorize Principal Financial Life Insurance Company (Principal Life) to make a distribution to this participant of the current account balance, plus future benefits that may be credited to the participant’s account, according to the terms of our plan.

NOTE: The law requires you to give participants a written description of their benefit choices. The attached *Retirement Benefit Choices Guide* satisfies this requirement. The law also requires you to give participants a written description of rollover rules if the distribution is eligible to be rolled over. The “Your Rollover Options” on pages 33-36 satisfies this requirement.

Print Name	Title	Date _____/_____/_____
Plan Sponsor Signature		Contract/Plan ID Number 431329
Plan Trustee Signature (if applicable)		Date _____/_____/_____



Principal Life Insurance Company

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

FAX: (866) 704-3481

Direct Rollover

Use this form to request a rollover to an Individual Retirement Account (IRA) outside of The Principal® or to another eligible retirement plan.

Section 1 – Personal Information

Use black ink to complete all pages of this form.

Please PRINT neatly.

Company Name		Contract/Plan ID Number	Social Security/Taxpayer Identification Number
IBEW Local 347 Retirement & 401(k) Plan		431329	
Name (first)	(middle initial)	(last)	

Address (street)	(city)	(state)	(ZIP Code plus 4-digit)
------------------	--------	---------	-------------------------

Daytime Phone Number	Evening Phone Number	Date of Birth	State of Legal Residence for Tax Purposes
		/ /	

- 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 – Rollover Instructions

DIRECT ROLLOVER -- This option allows you to keep the retirement funds tax-deferred and avoid the 10% additional income tax.

NOTE: Not all financial institutions or eligible retirement plans will accept all types of rollovers. Please check with the receiving financial institution or plan sponsor to see if your retirement funds can be rolled over before completing and submitting this form. *Any checks that are returned or rejected by the receiving institution will be held by Principal Life Insurance Company (Principal Life) until we receive further direction from you. Please note the retirement funds will not be invested during this timeframe.*

- Roll 100% of my balance to a new account** (all of the contributions types within my plan will be rolled to a new account.)

Distribute to:

- Pre-Tax IRA

- Roth IRA (Taxes will only be withheld on pre-tax contributions rolling to a Roth IRA if indicated below.)
_____ % Federal withholding on rollover to Roth IRA

- Eligible employer sponsored retirement plan with Principal Life Plan/Contract No. _____

- Eligible employer sponsored retirement plan outside of Principal Life

C. Receiving Financial Institution Information

Name of Financial Institution, Trust Account or Trustee		Account Number or Identification Number (Optional)
Mailing Address of Financial Institution (Street or PO Box)	Name of Agent/Broker or Contact at Financial Institution (Optional)	
City of Financial Institution	State of Financial Institution	Zip code plus 4-digit

D. Mailing Information

NOTE: Principal Life will mail only the check(s) to the designated individual or financial institution. If additional documents must accompany a check to a financial institution, then have the check mailed to you so you can include the additional documents that are required.

Mail check(s) to:

- The financial institution(s) listed above in Option C.
- To me at the address provided in Section 1.
- Other – address listed below:

Name	Name of Agent/Broker or Contact at Financial Institution (Optional)	
Mailing Address		
City	State	Zip code plus 4-digit

E. Additional Information/Comments

Please Continue to Next Page ➡

Legal Requirement*

This is an important decision. Before signing, be sure you understand what retirement benefits you'll receive and what benefits you'll no longer be eligible to receive.

Section 3 – Participant's Signature

I reviewed the attached *Retirement Benefit Choices Guide* and understand my benefit choices.

I understand my benefits under the plan may be paid to me in the form of a Qualified Joint and Survivor Annuity as described in the *Retirement Benefit Choices Guide* (see pages 29-32), and I have the right to waive this form of payment and elect to receive my benefits in another form of payment. I further understand I may revoke any waiver in effect before I receive any benefits under the plan.

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.

Federal tax law requires a payment cannot be made sooner than 30 days, nor later than 180 days after I receive the *Retirement Benefit Choices Guide*. 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 *Retirement Benefit Choices Guide*, I am required to receive a new booklet and must complete and submit another copy of this election form to restart the time limit described above.

I'm Married Single Legally Separated (attach copy of court order)

NOTE: If Single or Legally Separated box is checked, spousal consent is not necessary.

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		431329	/ /
I certify that I received, either in paper copy or electronic delivery, all pages of the <i>Retirement Benefit Choices Guide</i> on the date I signed this election form, unless I enter a different date in the following box:			
Date I received the <i>Retirement Benefit Choices Guide</i>: _____ / _____ / _____.			

Please Continue to Next Page ➡

* The information and signatures in these sections are required by Internal Revenue Code § 417, 402(f), 411(a)(11).

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 login to your account at 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 4 – Spouse’s Signature

(Complete only if “Married” box is checked in Section 3.)

If spouse can be located:

I, _____ (print name of the spouse of the plan participant), am the spouse of _____ (print name of plan participant). **I understand** I have the right to have benefits paid in the form of a QJSA benefit (refer to pages 30-32 for explanation and examples). **I agree** to give up this right.

I understand by signing this agreement, I may receive less money than I would have received under the QJSA form of payment and I may receive nothing after my spouse dies, depending on the payment form and beneficiary my spouse chooses.

I agree the benefits paid under this plan will be paid as selected on this Election Form. However, my spouse can change the payment form unless I restrict my spouse’s ability to change by marking the box below. **I understand** my spouse can change to the QJSA form of benefit payment without my consent.

I understand I do not have to sign this agreement. I am signing this agreement voluntarily. If I do not sign this agreement, the plan may require that my spouse and I receive payments from the plan in the QJSA form of benefit (see pages 30-32).

Federal tax law requires a payment cannot be made sooner than 30 days, nor later than 180 days after my spouse receives the *Retirement Benefit Choices Guide*. However, my signature below will serve as consent to the plan participant’s decision relating to a waiver of 30-day waiting period to 7 days.

Spouse’s signature must be witnessed by either a Notary **OR** a Plan Representative.

Spouse Signature: <i>The signature dates for both the spouse and the notary or plan representative must match.</i>		
Mark this box if applicable:	<input type="checkbox"/> My consent is only for the form of benefit chosen on this election form	Spouse Signature X
		Date / /
Type or print name of Spouse		

Notary Public: <i>The person signing as spouse appeared before me and signed the above consent.</i>		Notary Signature
Sworn to and subscribed before me this _____ day of _____, 20____,		X
in the State of _____, County of _____.		Notary expires on _____ / _____ / _____.
Type or print name of Notary		
<input type="checkbox"/> The person who signed as spouse is personally known to me, or <input type="checkbox"/> The person who signed as spouse produced identification.		Type of Identification:
<i>If your state has specific notary acknowledgment requirements then the notary will need to include any additional acknowledgement and attach it to this distribution form.</i>		

Plan Representative: <i>The spouse appeared before me and signed this consent.</i>	Plan Representative Signature	Date
	X	/ /
Type or print name of Plan Representative		

If spouse cannot be located:	Plan Representative: <i>It has been established to my satisfaction the spouse cannot be located</i>	Plan Representative Signature	Date
		X	/ /

Please Continue to Next Page ➡

* The information and signatures in these sections are required by Internal Revenue Code § 417, 402(f), 411(a)(11).

Section 5 – Plan Sponsor Section

(This section is to be filled out by an authorized representative of the Fund Office.)

Date Employment Ended _____ / _____ / _____

Benefit Event: Leaving the Trade Other: Plan Termination
 Retirement
 Disability

Plan Sponsor’s Signature

I certify the above information is true and correct. I authorize Principal Life to make a distribution to this participant of the current account balance, plus future benefits that may be credited to the participant’s account, according to the terms of our plan.

NOTE: The law requires you to give participants a written description of their benefit choices. The attached *Retirement Benefit Choices Guide* satisfies this requirement. The law also requires you to give participants a written description of rollover rules if the distribution is eligible to be rolled over. The “Your Rollover Options” on pages 33-36 satisfies this requirement.

Print Name	Title	Date
Plan Sponsor Signature		Contract/Plan ID Number 431329
Plan Trustee Signature (if applicable)		Date



Principal Life Insurance Company

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

FAX: (866) 704-3481

Cash Distribution

Use this form to request a single cash payment from your retirement funds.

Section 1 – Personal Information

Use black ink to complete all pages of this form.

Please PRINT neatly.

Company Name	Contract/Plan ID Number	Social Security/Taxpayer Identification Number
IBEW Local 347 Retirement & 401(k) Plan	431329	

Name (first)	(middle initial)	(last)

Address (street)	(city)	(state)	(ZIP Code plus 4-digit)

Daytime Phone Number	Evening Phone Number	Date of Birth	State of Legal Residence for Tax Purposes
		/ /	

- I am a U.S. Person. (This includes a resident alien of the United States.)
- I am not a U.S. Person. (Note: Please complete and submit the appropriate version of IRS Form W-8 when returning this form.)

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 – Paid to You

I would like a Cash Distribution of (choose one):

- 100% of my retirement funds
- *I would like a partial payment of \$ _____ or _____ %

My partial payment should be:

- Gross Distribution (Check amount equals specified amount less required taxes)
- Net of Taxes (Check amount equals amount specified)

Partial Cash distributions will be equally prorated from all investment and contribution types unless indicated below.

- Process my partial cash distribution as follows:

* Partial payments will be treated as a gross distribution unless otherwise elected above. Any remaining retirement funds below the small amounts provision of the plan will be issued to you as a taxable cash distribution. Any remaining retirement funds above the small amounts provision will stay in the plan.

Please Continue to Next Page ⇨

Section 3 – Taxation (Please refer to the “Your Rollover Options” on pages 33-36 for more information.)

FEDERAL WITHHOLDING

REQUIRED

Principal Life Insurance Company (Principal Life) is required to withhold 20% for federal taxes on the taxable portion of distributions that are eligible for rollover but paid in cash from a qualified retirement plan.

ADDITIONAL (select if you wish to have additional withholding)

- 10% additional income tax – This applies to early withdrawals of retirement funds. If you are older than 59½, disabled, or age 55 when you separated from service, you do not need to pay.
- In addition to the required 20% Federal and the 10% additional income tax (if indicated above), I would like to withhold **additional** federal taxes of _____ (indicate a % or dollar amount).

STATE WITHHOLDING

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. If applicable, the state withholding tax will automatically be withheld. Refer to your state income tax authority to see if your state of residence is a required withholding state.

- In addition to the required state withholding above (if applicable), I would like to withhold **additional** state taxes of _____% for the state of _____ (insert proper state abbreviation or clearly print the state name).

Additional state specific forms may be needed for states that don't require withholding. Contact your state income tax authority to obtain this information.

Standard withholding will apply **unless** this page is returned electing additional federal or state withholding.

Please Continue to Next Page ➡

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 login to your account at principal.com.

Section 4 – Method for Receiving Your Funds

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

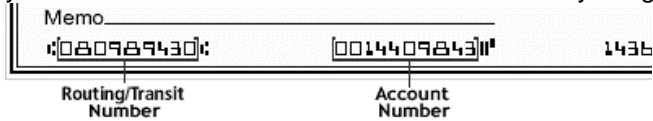
A. Direct Deposit

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

Section 5 – Additional Distribution Information/Comments

Please Continue to Next Page ➡

Legal Requirement*

This is an important decision. Before signing, be sure you understand what retirement benefits you'll receive and what benefits you'll no longer be eligible to receive.

Section 6 – Participant's Signature

I reviewed the attached *Retirement Benefit Choices Guide* and understand my benefit choices.

I understand my benefits under the plan may be paid to me in the form of a Qualified Joint and Survivor Annuity as described in the *Retirement Benefit Choices Guide* (see pages 29-32), and I have the right to waive this form of payment and elect to receive my benefits in another form of payment. I further understand I may revoke any waiver in effect before I receive any benefits under the plan.

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.

Federal tax law requires a payment cannot be made sooner than 30 days, nor later than 180 days after I receive the *Retirement Benefit Choices Guide*. 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 *Retirement Benefit Choices Guide*, I am required to receive a new booklet and must complete and submit another copy of this election form to restart the time limit described above.

If using Direct Deposit:

I authorize Principal Life to initiate credit entries to my checking or savings account at the financial institution named within the *Method for Receiving Your Funds* 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 Corporate Center that the agreement is no longer effective. This election will update any Direct Deposit authorization agreement on file.

I'm **Married** **Single** **Legally Separated** (attach copy of court order)

NOTE: If Single or Legally Separated box is checked, spousal consent is not necessary.

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		431329	/ /
I certify that I received, either in paper copy or electronic delivery, all pages of the <i>Retirement Benefit Choices Guide</i> on the date I signed this election form, unless I enter a different date in the following box:			
Date I received the <i>Retirement Benefit Choices Guide</i>: / / .			

Please Continue to Next Page ⇨

* The information and signatures in these sections are required by Internal Revenue Code § 417, 402(f), 411(a)(11).

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 login to your account at *principal.com*.

Revocability of Benefit Election: You have elected to receive a cash distribution as your form of benefit payment. Your election becomes irrevocable *once the request has been processed*.

Section 7 – Spouse’s Signature

(Complete only if “Married” box is checked in Section 6.)

If spouse can be located:

I, _____ (print name of the spouse of the plan participant), am the spouse of _____ (print name of plan participant). **I understand** I have the right to have benefits paid in the form of a QJSA benefit (refer to pages 29-32 for explanation and examples). **I agree** to give up this right.

I understand by signing this agreement, I may receive less money than I would have received under the QJSA form of payment and I may receive nothing after my spouse dies, depending on the payment form and beneficiary my spouse chooses.

I agree the benefits paid under this plan will be paid as selected on this Election Form. However, my spouse can change the payment form unless I restrict my spouse’s ability to change by marking the box below. **I understand** my spouse can change to the QJSA form of benefit payment without my consent.

I understand I do not have to sign this agreement. I am signing this agreement voluntarily. If I do not sign this agreement, the plan may require that my spouse and I receive payments from the plan in the QJSA form of benefit (see pages 30-32).

Federal tax law requires a payment cannot be made sooner than 30 days, nor later than 180 days after my spouse receives the *Retirement Benefit Choices Guide*. However, my signature below will serve as consent to the plan participant’s decision relating to a waiver of 30-day waiting period to 7 days.

Spouse’s signature must be witnessed by either a Notary **OR** a Plan Representative.

Spouse Signature: <i>The signature dates for both the spouse and the notary or plan representative must match.</i>			
Mark this box if applicable:	<input type="checkbox"/> My consent is only for the form of benefit chosen on this election form	Spouse Signature X	Date / /
Type or print name of Spouse			

Notary Public: <i>The person signing as spouse appeared before me and signed the above consent.</i>		Notary Signature X	
Sworn to and subscribed before me this _____ day of _____, 20____,		Notary expires on _____ / _____ / _____.	
in the State of _____, County of _____.			
Type or print name of Notary			
<input type="checkbox"/> The person who signed as spouse is personally known to me, or		Type of Identification:	
<input type="checkbox"/> The person who signed as spouse produced identification.			
<i>If your state has specific notary acknowledgment requirements then the notary will need to include any additional acknowledgement and attach it to this distribution form.</i>			

Plan Representative: <i>The spouse appeared before me and signed this consent.</i>	Plan Representative Signature X	Date / /
Type or print name of Plan Representative		

If spouse cannot be located:	Plan Representative: <i>It has been established to my satisfaction the spouse cannot be located</i>	Plan Representative Signature X	Date / /
-------------------------------------	--	--	--------------------

Please Continue to Next Page ➡

* The information and signatures in these sections are required by Internal Revenue Code § 417, 402(f), 411(a)(11).

Section 8 – Plan Sponsor Section

(This section is to be filled out by an authorized representative of the Fund Office.)

Date Employment Ended _____ / _____ / _____

Benefit Event: Leaving the Trade Other: Plan Termination
 Retirement
 Disability

Plan Sponsor’s Signature

I certify the above information is true and correct. I authorize Principal Life to make a distribution to this participant of the current account balance, plus future benefits that may be credited to the participant’s account, according to the terms of our plan.

NOTE: The law requires you to give participants a written description of their benefit choices. The attached *Retirement Benefit Choices Guide* satisfies this requirement. The law also requires you to give participants a written description of rollover rules if the distribution is eligible to be rolled over. The “Your Rollover Options” on pages 33-36 satisfies this requirement.

Print Name	Title	Date ____ / ____ / ____
Plan Sponsor Signature		Contract/Plan ID Number 431329
Plan Trustee Signature (if applicable)		Date ____ / ____ / ____



Principal Life Insurance Company

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

FAX: (866) 704-3481

Stay in the Plan

Use this form to indicate that you choose to leave your retirement funds in your former employer's plan.

Section 1 – Personal Information

Use black ink to complete all pages of this form.

Please PRINT neatly.

Company Name	Contract/Plan ID Number	Social Security/Taxpayer Identification Number
IBEW Local 347 Retirement & 401(k) Plan	431329	
Name (first)	(middle initial)	(last)

Address (street)	(city)	(state)	(ZIP Code plus 4-digit)
------------------	--------	---------	-------------------------

Daytime Phone Number	Evening Phone Number	Date of Birth	State of Legal Residence for Tax Purposes
		/ /	

- I am a U.S. Person. (This includes a resident alien of the United States.)
- I am not a U.S. Person. (Note: Please complete and submit the appropriate version of IRS Form W-8 when returning this form.)

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.

Legal Requirement*

This is an important decision. Before signing, be sure you understand what retirement benefits you'll receive and what benefits you'll no longer be eligible to receive.

Section 2 – Participant's Signature

I elect to defer my benefit election until a later date. Leave 100 percent of my retirement benefit in the retirement plan.

Participant Signature	Contract/Plan ID Number	Date
X	431329	/ /

Type or Print name
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 login to your account at principal.com.



Principal Life Insurance Company

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

FAX: (866) 704-3481

Plan Annuity Options

Use this form to request regular income based on the annuity options under the plan.

Section 1 – Personal Information

Use black ink to complete all pages of this form.

Please PRINT neatly.

Company Name IBEW Local 347 Retirement & 401(k) Plan		Contract/Plan ID Number 431329	Social Security/Taxpayer Identification Number
Name (first)	(middle initial)	(last)	
Address (street)	(city)	(state)	(ZIP Code plus 4-digit)
Daytime Phone Number	Evening Phone Number	Date of Birth / /	State of Legal Residence for Tax Purposes

- I am a U.S. Person. (This includes a resident alien of the United States.)
- I am not a U.S. Person. (Note: Please complete and submit the appropriate version of IRS Form W-8 when returning this form.)

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 – Payment Starting Date and Distribution Information

(Payment frequency depends on the annuity amount – usually monthly. Do not use the 29th, 30th or 31st.)

I want my first payment to start on ____ / ____ / ____ . My payments thereafter will be made on the same day of the month (if receiving monthly payments).

(Example: Monthly payments chosen; payment starting date of 01/12/15. First payment will be made 01/12/15 and continue on the twelfth of each month thereafter until the annuity ceases).

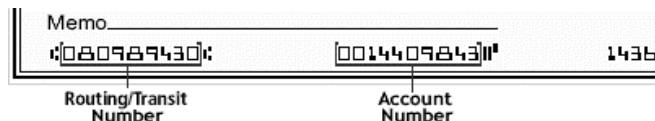
Section 3 – Direct Deposit

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.



If you would like your payment issued in check form, please call 1-800-547-7754.

Please Continue to Next Page →

Section 4 – Plan Annuity Options – (Select One Option A or B)

A. Survivorship Annuity

I would like to purchase an Annuity of _____ % (designate a percentage from 1 to 100%) **OR** \$ _____ (indicate a specific dollar amount) of the retirement benefit in the retirement plan.

After I die, I want the payments to continue to my contingent annuitant at the following rate:

- 50% 75%

The person listed below should receive the continued payments as the contingent annuitant. I understand once I start receiving annuity payments, I can't change the contingent annuitant listed below for any reason.

Contingent Annuitant's Full Name	Social Security/Taxpayer Identification Number	Date of Birth	Relationship to Me
Street Address	City	State	ZIP Code plus 4-digit

B. Single Life Annuity

I would like to purchase a Single Life _____ % (designate a percentage from 1 to 100%) **OR** \$ _____ (indicate a specific dollar amount) of the retirement benefit in the retirement plan.

Section 5 – Tax Withholding

Federal tax withholding treatment will depend on the annuity option selected. In some cases an additional 10% additional income tax may apply if you are under 59½ when you receive your payments. See the "Your Choices" section, located on pages 2-3.

If you want additional amounts withheld from any payment, check the appropriate box:

- Withhold additional federal taxes of \$ _____ from each payment.
- Withhold additional federal taxes of 10%.

Please Continue to Next Page ➡

Legal Requirement*

This is an important decision. Before signing, be sure you understand what retirement benefits you'll receive and what benefits you'll no longer be eligible to receive.

Section 6 – Participant’s Signature

I reviewed the attached *Retirement Benefit Choices Guide* and understand my benefit choices.

I understand my benefits under the plan may be paid to me in the form of a Qualified Joint and Survivor Annuity as described in the *Retirement Benefit Choices Guide* (see pages 29-32), and I have the right to waive this form of payment and elect to receive my benefits in another form of payment. I further understand I may revoke any waiver in effect before I receive any benefits under the plan.

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.

Federal tax law requires a payment cannot be made sooner than 30 days, nor later than 180 days after I receive the *Retirement Benefit Choices Guide*. 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 *Retirement Benefit Choices Guide*, I am required to receive a new booklet and must complete and submit another copy of this election form to restart the time limit described above.

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 above, 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 Corporate Center that the agreement is no longer effective. This election will update any Direct Deposit authorization agreement on file.

I'm **Married** **Single** **Legally Separated** (attach copy of court order)

NOTE: If Single or Legally Separated box is checked, spousal consent is not necessary.

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		431329	/ /

I certify that I received, either in paper copy or electronic delivery, all pages of the *Retirement Benefit Choices Guide* on the date I signed this election form, unless I enter a different date in the following box:

Date I received the *Retirement Benefit Choices Guide*: _____ / ____ / ____.

Please Continue to Next Page ⇨

* The information and signatures in these sections are required by Internal Revenue Code § 417, 402(f), 411(a)(11).

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 login to your account at *principal.com*.

Revocability of Benefit Election: You have elected to receive an annuity as your form of payment. Your election becomes irrevocable on the selected annuity start date.

Section 7 – Spouse’s Signature

(Complete only if “Married” box is checked in Section 8.)

If spouse can be located:

I, _____ (print name of the spouse of the plan participant), am the spouse of _____ (print name of plan participant). **I understand** I have the right to have benefits paid in the form of a QJSA benefit (refer to pages 30-32 for explanation and examples). **I agree** to give up this right.

I understand by signing this agreement, I may receive less money than I would have received under the QJSA form of payment and I may receive nothing after my spouse dies, depending on the payment form and beneficiary my spouse chooses.

I agree the benefits paid under this plan will be paid as selected on this Election Form. However, my spouse can change the payment form unless I restrict my spouse’s ability to change by marking the box below. **I understand** my spouse can change to the QJSA form of benefit payment without my consent.

I understand I do not have to sign this agreement. I am signing this agreement voluntarily. If I do not sign this agreement, the plan may require that my spouse and I receive payments from the plan in the QJSA form of benefit (see pages 30-32).

Federal tax law requires a payment cannot be made sooner than 30 days, nor later than 180 days after my spouse receives the *Retirement Benefit Choices Guide*. However, my signature below will serve as consent to the plan participant’s decision relating to a waiver of 30-day waiting period to 7 days.

Spouse’s signature must be witnessed by either a Notary **OR** a Plan Representative.

Spouse Signature: <i>The signature dates for both the spouse and the notary or plan representative must match.</i>						
Mark this box if applicable:	<input type="checkbox"/> My consent is only for the form of benefit chosen on this election form	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Spouse Signature</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">/ /</td> </tr> </table>	Spouse Signature	Date	X	/ /
Spouse Signature	Date					
X	/ /					
Type or print name of Spouse						

Notary Public: <i>The person signing as spouse appeared before me and signed the above consent.</i>		Notary Signature
Sworn to and subscribed before me this _____ day of _____, 20____,		X
in the State of _____, County of _____.		Notary expires on _____ / _____ / _____.
Type or print name of Notary		
<input type="checkbox"/> The person who signed as spouse is personally known to me, or <input type="checkbox"/> The person who signed as spouse produced identification.		Type of Identification:
<i>If your state has specific notary acknowledgment requirements then the notary will need to include any additional acknowledgement and attach it to this distribution form.</i>		

Plan Representative: <i>The spouse appeared before me and signed this consent.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Plan Representative Signature</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">/ /</td> </tr> </table>	Plan Representative Signature	Date	X	/ /
Plan Representative Signature	Date				
X	/ /				
Type or print name of Plan Representative					

If spouse cannot be located:	Plan Representative: <i>It has been established to my satisfaction the spouse cannot be located</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Plan Representative Signature</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">/ /</td> </tr> </table>	Plan Representative Signature	Date	X	/ /
Plan Representative Signature	Date					
X	/ /					

Please Continue to Next Page ➡

* The information and signatures in these sections are required by Internal Revenue Code § 417, 402(f), 411(a)(11).

Section 8 – Plan Sponsor Section

(This section is to be filled out by an authorized representative of the Fund Office.)

Date Employment Ended _____ / _____ / _____

Benefit Event: Leaving the Trade Other: Plan Termination
 Retirement
 Disability

Plan Sponsor’s Signature

I certify the above information is true and correct. I authorize Principal Life to make a distribution to this participant of the current account balance, plus future benefits that may be credited to the participant’s account, according to the terms of our plan.

NOTE: The law requires you to give participants a written description of their benefit choices. The attached *Retirement Benefit Choices Guide* satisfies this requirement. The law also requires you to give participants a written description of rollover rules if the distribution is eligible to be rolled over. The “Your Rollover Options” on pages 33-36 satisfies this requirement.

Print Name	Title	Date ____ / ____ / ____
Plan Sponsor Signature		Contract/Plan ID Number 431329
Plan Trustee Signature (if applicable)		Date ____ / ____ / ____

Retirement Benefit Choices Guide



WE'LL GIVE YOU AN EDGE®

Important information about payment of benefits

You and your spouse (if you're married) should read this section carefully before deciding how you want to receive benefit payments.

Guaranteed interest account

Upon your termination of employment, retirement or disability you will have sixty days to make your benefit choice. After sixty days, money withdrawn from the guaranteed interest account may be subject to a surrender charge. We will honor our current Guaranteed Interest Rates until date of maturity. Contact us at 1-800-547-7754 for information regarding surrender charges and when they apply.

Guaranteed income for you and your spouse

Under the terms of your retirement plan, if you're married, your regular form of benefit usually is a Survivorship Annuity (see page 24) with your spouse as the contingent annuitant. This is called the Qualified Joint and Survivor Annuity (QJSA) form of payment.

This form of benefit guarantees you or your spouse a regular income as long as either of you are living. If you die, your spouse receives a percentage – at least 50 percent – of your regular income for life.

Consent to change

You can waive the QJSA form of payment and choose another benefit option. You can change the form of benefit payment any time before payments begin. After benefit payments begin, your election will become irrevocable and cannot be changed.

Additional requirements if a life annuity option is chosen

In order to protect your spouse's right to benefits, the Internal Revenue Code and regulations require that your spouse must consent to waiving the QJSA if a life annuity benefit payment option is chosen. Your spouse must also consent if you choose to name someone other than your spouse as beneficiary. By consenting to either change your spouse may not receive any plan benefits or may receive a reduced benefit amount.

The Principal Annuity Options Form in this booklet contains a section where your spouse consents to your

choice of a different benefit or beneficiary. Your spouse's signature is voluntary.

You can also change the form of benefit payment without your spouse's consent any time before payments begin, unless your spouse restricts your choice on the Annuity Options Election Form.

What happens if there is a divorce or separation?

Divorce or legal separation may end a spouse's right to survivor benefits from the plan. However, a spouse may be able to get a Qualified Domestic Relations Order (QDRO) that would grant him or her rights to receive the survivor benefits even if a waiver giving up these rights were signed.

Benefit chosen affects payment amounts

The type of benefit you choose will affect the payment amounts you and your spouse will receive. If you waive your rights to the QJSA form of payment, your income or benefit payments will be determined by the actual option chosen. The table on page 32 explains how your choice will affect your income and your spouse's income.

Guaranteed income for a single participant

Under the terms of your retirement plan, if you are single, your regular form of benefit is a Single Life Annuity (see page 24). This form of benefit guarantees you a regular income as long as you live.

You may choose to receive other benefit options (i.e. cash distribution) allowed under the retirement plan. By electing another form of benefit, you have effectively waived your right to the Single Life Annuity form of payment.

All participants' rights to defer payments

You also have the right to keep the account held for you in the retirement plan until age 62 or your normal retirement age, whichever comes later. You may elect to defer payments until the later of April 1 of the year after you reach age 70½ (doesn't apply if you're at least a 5 percent owner in the company sponsoring the plan).

Consequences of not deferring payments

At the time you become eligible to receive a distribution from a retirement plan you have several decisions to make. You may need to decide:

- Whether to take retirement funds from the plan now or leave the funds in the plan and take at a later date;
- In what form to receive your retirement funds (if you are given a choice) and you elect a distribution;
- Whether to roll over distributed amounts to another plan or IRA to keep the retirement funds tax-deferred;
- If you elect a rollover, to what investment options will you direct the retirement funds?

These decisions can impact the amount of retirement funds you are ultimately able to accumulate as well as the amount and timing of the tax liability associated with the receipt of these funds.

Some things to consider –

In general, if you do not elect an annuity option which provides lifetime income, or such option is not available through your employer's retirement plan, the earlier you start receiving payments and the larger the payments, the lower the probability that your retirement funds will last throughout your lifetime.

If you take your retirement funds now, you give up the possibility of future tax deferred accumulation in the retirement plan. If you do not roll the funds over to another plan or IRA, you give up the advantage of tax-deferred growth.

If you take your retirement funds now and do not roll funds over into another plan or IRA, you will be subject to current income taxation on the amounts includible in gross income— see Your Rollover Options section beginning on page 33).

If you have not reached age 59½ when you take retirement funds, and you do not roll funds over into another plan or IRA, you may be subject to an additional 10% penalty tax (see page 33). Delaying distribution until a later time may avoid this tax.

If you have not reached age 59½ and have terminated employment during or after the year you reached age 55, the retirement funds you receive from the plan would not be subject to the additional 10% penalty tax. If, however, you roll amounts to an IRA and then take distributions from the IRA, you would again be subject to the 10% penalty tax while under age 59½ unless another exception applies.

You should be aware that some investment options currently available in the plan may not be generally available outside the plan. You should also refer to the Summary Plan Descriptions for this plan, and any other employer plans under which you are covered, for information which might materially affect your decision to defer payments.

The fees and expenses associated with investment options can reduce the amount of retirement funds you can otherwise accumulate. The fees and expenses (including administrative or investment related fees) outside the plan may be different from fees and expenses that apply to the account held for you under your employer's plan. If you elect to roll over funds to another qualified plan or IRA, you should compare the expenses and fees in the underlying investment options of the qualified plan or IRA with those you are currently subject to under your employer's retirement plan. The underlying investment options available to you under your employer's plan are detailed on your benefit statement, and can be accessed online at *principal.com*. These underlying investment options have expense charges. For these expense ratios, see your prospectus or other investment material at *principal.com*. Your plan sponsor may be paying for a portion of plan expenses. Contact your plan sponsor for details. You may find your plan contact information in your Summary Plan Description. The Principal may receive payments from investment option providers in connection with the investments offered under the plan. The Principal takes these payments into consideration when determining plan administrative services fees for the retirement plan. *While this communication may be used to promote or market a transaction or an idea that is discussed in the publication, it is intended to provide general information about the subject matter covered and is provided with the understanding that The Principal is not rendering legal, accounting, or tax advice. It is not a marketed opinion and may not be used to avoid penalties under the Internal Revenue Code. You should consult with appropriate counsel or other advisors on all matters pertaining to legal, tax or accounting obligations and requirements.*

Benefit illustration sample

The following chart provides an example of monthly benefits you and your spouse might receive under various benefit options.

Assumptions:

- \$25,000 vested account when payments begin
- Age is shown in the example
- Contingent annuitant is four years younger than the plan participant

Option	Monthly Income		
	Starting at Age 65	Starting at Age 55	Starting at Age 45
Survivorship Annuity			
50% - Participant	\$ 148.91	\$ 129.50	\$ 118.95
75% - Participant	\$ 142.81	\$ 126.08	\$ 117.06
Single Life	\$ 163.90	\$ 137.17	\$ 123.02
Cash Distribution \$25,000	\$ 0.00	\$ 0.00	\$ 0.00

Note: This chart is for illustration only. It is not intended to project exact monthly benefits for you and your spouse. All amounts are calculated assuming no commissions payable. Income could vary depending on state of residence at time of purchase to reflect premium tax.

If you want a more specific projection of the benefits under the different options available in your retirement plan, call 1-800-547-7754, 7 a.m. – 9 p.m. (Monday–Friday) Central Time to request your own personalized Benefit Illustration.

*Varies based on benefit selected.

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the plan may be eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the plan that are not from a designated Roth account (a type of account with special rules in some employer plans).

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order

to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the plan
- Contributions made under special automatic enrollment rules that are withdrawn pursuant to your request within 90 days of enrollment
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

Call 1-800-547-7754, 7 a.m. - 9 p.m. Monday - Friday (Central Time) to find out what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)

If you have additional questions after reading this notice, call 1-800-547-7754, 7 a.m. - 9 p.m. Monday - Friday (Central Time).

- Payments made due to disability
- Payments after your death
- Payments of ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the plan
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to active duty after September 11, 2001 for more than 179 days.
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from my IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe state income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amounts paid from the plan and a portion is paid to you, each of the payments will include an allocable portion of the after-tax contributions. If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions,

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for the after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

If your payment includes employer stock that you do not roll over

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59½, disability or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of the employer stock after it was acquired by the plan. If you do a rollover of a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan.

If you have additional questions after reading this notice, call 1-800-547-7754, 7 a.m. - 9 p.m. Monday - Friday (Central Time).

Call 1-800-547-7754, 7 a.m. - 9 p.m. Monday - Friday (Central Time) to find out the amount of any net unrealized appreciation.

If you have an outstanding loan that is being offset

If you have an outstanding loan from the plan, your plan benefits may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If the plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability, or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

You can roll over a payment from the plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA to a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first

contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You may convert a payment from the plan to a designated Roth account in an employer plan if the plan permits.

If you convert non-Roth funds within the plan

As of September 27, 2010 the Small Business Jobs and Credit Act (SMJCA) enables qualified 401(k), 403(b) and after December 31, 2010 governmental 457(b) plans which permit Roth elective deferral contributions to offer in-plan conversions of non-Roth account balances – provided the funds to be converted are distributable as an eligible rollover distribution per the terms of the plan.

If you roll over (convert) the payment to a designated Roth account in the plan, the amount of the payment rolled over (reduced by any after-tax amounts directly rolled over) will be taxed. However, the 10% additional tax on early distributions will not apply (unless you take the amount rolled over out of the designated Roth account within the 5-year period that begins on January 1 of the year of the rollover). For payments from the plan in 2010 that are rolled over to a designated Roth account in the plan (and that are not distributed from that account until after 2011), the taxable amount of the rollover will be taxed half in 2011 and half in 2012, unless you elect to be taxed in 2010.

If you roll over (convert) the payment to a Roth account in the plan, later payments from the designated Roth account that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a designated Roth account is a payment made both after you attain age 59½ (or after your death or disability) and after you have had a designated Roth account in the plan for a period of at least 5 years. The 5-year period described in the preceding sentence begins on January 1 of the year your first contribution was made to the designated Roth account. However, if you made a direct rollover to a designated Roth account in the plan from a designated Roth account in a plan of another employer, the 5-year period begins on January 1 of the year your first contribution was made to the designated Roth account in the plan, or, if earlier, to the designated Roth account in the plan of the other employer. Payments from the designated Roth account that are not qualified distributions will be taxed to the extent allocable to earnings after the rollover, including the 10% additional tax on early distributions (unless an exception applies).

If you are not a plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you have additional questions after reading this notice, call 1-800-547-7754, 7 a.m. - 9 p.m. Monday - Friday (Central Time).

If you are a surviving spouse. If you receive a payment from the plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. (Note: this option may not be available in the plan until the 2010 plan year). Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover) you may request an income tax refund by filing form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than \$1,000 will be directly rolled over to an IRA chosen by the plan administrator. A mandatory cashout is a payment from the plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (or such lower amount stated in the plan) not including any amounts held under the plan as a result of a prior rollover made to the plan.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

FOR MORE INFORMATION

You may wish to consult with the plan administrator or a professional tax advisor, before taking a payment from the plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans. These publications are available from a local IRS office, or on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

If you have additional questions after reading this notice, call 1-800-547-7754, 7 a.m. - 9 p.m. Monday - Friday (Central Time).

Notes

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)



WE'LL GIVE YOU AN EDGE[®]

Retirement professionals are sales representatives of the members of the Principal Financial Group[®]. They do not represent, offer, or compare products and services of other financial service organizations

Insurance products and plan administrative services are provided by Principal Life Insurance Company. Securities are offered through Princor Financial Services Corporation, 800-547-7754, member SIPC, and/or independent broker/dealers. Securities sold by a Princor Registered Representative are offered through Princor[®]. Annuities, insurance, retirement plans, mutual funds and other securities are not insured by the FDIC, are not obligations or deposits for Principal Bank[®] nor guaranteed by Principal Bank, and involve risk, including possible loss of the principal invested. Princor, Principal Bank and Principal Life Insurance Company are members of the Principal Financial Group[®] (The Principal[®]), Des Moines, IA 50392.

© 2013 Principal Financial Services, Inc.

#t13081501dm-08/2013

Qualified Defined Contribution Plans
(Non Standard Benefit Event Process with Life Annuities/Spousal Consent Required)