



Mailing Address:
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Principal Life
Insurance Company

**Enhanced Services
Withdrawal Form - Spousal
Consent Needed**

Complete this form to withdraw part of your retirement funds while still employed.

Participant completes Sections 1 through 6. Spouse (if married) completes Section 7.

Section 1 – Personal Information (Please Print or Type)

CTD 00603

Plan Sponsor Name				Contract No./Plan ID No.
Participant Name (First)	(Middle)	(Last)	Social Security Number	
Participant Address (Street)	(City)	(State)	(ZIP Code+4)	I.D. Number
Day Phone	Evening Phone	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 – Type of Withdrawal (Refer to the Summary Plan Description to determine which withdrawal types are available.)

- Hardship** – Withdrawal of contributions upon proof of certain financial hardship situations, as defined by the plan.
 - I certify that I have insufficient cash or other liquid assets reasonably available to satisfy this immediate and heavy financial need.
- Qualified Reservist Distribution** – Participants who serve a period of military service of more than 180 days may be permitted to withdraw amounts attributable to Elective Deferral contributions.
- Active Military – Deemed Severance*** - Participants who serve a period of military service for more than 30 days may request a distribution of amounts attributable to Elective Deferral contributions.
 - *Elective Deferral and Participant contributions will be suspended for a period of 6 months from the date of the distribution and will resume after the suspension period ends in an amount defined by the plan.
- Voluntary** – Withdrawal of Employee Voluntary Non-Deductible or Employee Deductible contributions.
- Rollover Withdrawal** - Withdrawal of Employee Rollover Contributions.
- Active Participant** - Withdrawal (in accordance with plan provisions) of Vested Matching and/or Discretionary contributions.
- Over age 59½** - Withdrawal following attainment of age 59½.
- Other** - (in accordance with plan provisions) that does not meet any of the preceding categories.

For Account Information 24 hours a day 1-800-547-7754 Retirement Professionals are available: 7 A.M. – 9 P.M. Central Time (Monday – Friday)

Please select the applicable reason for the hardship withdrawal.

Check one:	Provide a copy of:
<input type="checkbox"/> Purchase principal residence (This does not include mortgage payments),	Real Estate Contract
<input type="checkbox"/> Payments needed to prevent foreclosure on or eviction from principal residence.	Foreclosure or Eviction Notice
<input type="checkbox"/> College education* - Tuition and related educational fees and room and board for the next 12 months of post-secondary (i.e. College, but not private elementary, junior high or high schools) education (for you, your spouse, child and/or your dependents) or, if your employer's plan permits, your primary beneficiary.	Tuition Bill
<input type="checkbox"/> Medical expenses* for you, your spouse, and/or your dependent or, if your employer's plan permits, your primary beneficiary that would be <u>deductible</u> under Code Section 213(d) without regard to whether the expenses exceed 7.5% of adjusted gross income.	Doctors or Hospital Bill Evidence that insurance does not cover hardship.
<input type="checkbox"/> Burial or funeral expenses* for your deceased parent, spouse, child or dependent or, if your employer's plan permits, your primary beneficiary.	Funeral bill
<input type="checkbox"/> Certain expenses relating to the repair of damage to your personal residence that would qualify for casualty deduction under Code Section 165 without regard to whether the loss exceeds 10% of adjusted gross income.	Repair bill(s) Evidence that insurance does not cover hardship.
<input type="checkbox"/> Certain disaster-related expenses (including loss of income for the employee) created as a result of a disaster declared by the Federal Emergency Management Agency (FEMA). Your primary residence or place of employment must be in an area identified for individual assistance by FEMA.	Repair bill(s) Employer must certify loss of income. Other expense receipts related to disaster.

*If expenses are for anyone other than you, the relationship of the individual should be disclosed and documented (copy of birth certificate, marriage license, tax return or insurance coverage documentation, for example).

Financial Need/Hardship

With my signature in Section 6, I (1) hereby authorize Principal Life Insurance Company (Principal Life) to release any information provided by me as proof of financial hardship to my Employer, if requested, and (2) confirm that this financial need/hardship meets all the requirements, including the special restrictions listed below:

1. The amount requested does not exceed the amount needed to relieve the immediate and heavy financial need. The amount requested may be increased to include amounts to pay for taxes and penalties resulting from the distribution.
2. I have obtained all distributions, other than hardship distributions under all plans maintained by my employer. If required by my employer plan(s), I have obtained all nontaxable loans currently available to me.

Section 3 – Amount of Withdrawal (Select one option below.)

I would like to withdraw \$ _____ (indicate a specific dollar amount) **OR** _____ % (designate a percentage from 1 to 100%). **Due to market fluctuation, the amount available for withdrawal may be less than originally requested, in which case we will process a withdrawal for the maximum amount available.**

My withdrawal should be:

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

Note: The withdrawal will be treated as a gross distribution, unless otherwise elected above.

The amount of this withdrawal will be taken proportionately (pro-rata) from all applicable contribution types and investments in the account **unless you mark the box below and indicate how you want the withdrawal taken from the accounts.**

- Take the withdrawal from the accounts marked in the chart below.

If the amount requested is not available, we will process the maximum available based on account restrictions and proof provided.

Contribution Type	Indicate Specific Investments (Example – Guaranteed Interest Account**, Large Company Blend, etc.)				
	List Investment Option	List Investment Option	List Investment Option	List Investment Option	List Investment Option
Elective Deferral*					
Employer					
Employee Non-Deductible					
Employee Required					
Rollover After Tax Employee					
Rollover Pre-Tax from 401(a) qualified plan					
Rollover Pre-Tax from 403(b) plan					
Rollover from 457 plan					
Rollover IRA					

* Elective deferrals may include existing salary deferrals as well as Roth and catch-up deferrals.

**All withdrawals from Guaranteed Interest are taken from the most current Guaranteed Interest Account unless you tell us otherwise.

Caution: A charge may apply to early withdrawals from the Guaranteed Interest Account. Call us at 1-800-547-7754 for current rates and to determine if other contract charges may apply.

Section 4 – Method for Receiving Your Funds

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

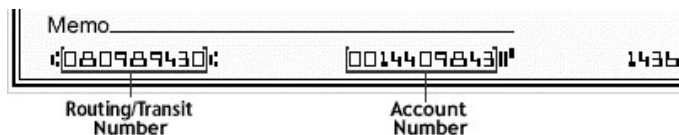
A. Direct Deposit

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 and 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 nine digits long.



B. Direct Rollover (No portion of a hardship withdrawal is eligible for rollover.)

I Elect My Direct Rollover To A:

- Traditional IRA
- Roth IRA

I am rolling my Roth or After-Tax contributions to an account separate from their associated pre-tax earnings and will include a letter of instruction on where to roll the contributions and where to roll the earnings. **I am aware I cannot leave the associated earnings in this account and only roll the contributions.**

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	

Mailing Information

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

Mail check(s) to:

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

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

Wire Instructions for Receiving Financial Institution Information

Name of Financial Institution (name of the company you're rolling your money to)		Account Number or Identification Number
ABA/Routing# (confirm with the financial institution you have the routing number for wires)		OBI (your name, receiving dept, and anything else the receiving financial Institution may need)
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

Wiring Information

NOTE: Principal will wire the funds to the designated financial institution. If additional documents must be provided to a financial institution, you will need to provide those documents directly to that financial institution. Additional fees may be charged by your financial institution for returned wires. Be sure to confirm all information provided above with the financial Institution.

For direct rollovers or wires: 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® until we receive further direction from you. Please note that retirement funds will not be invested during this timeframe.**

Section 5 – Income Tax Withholding – Federal and State

Principal Life is required to withhold 20% for federal taxes on the taxable portion of withdrawals that are eligible for rollover* but paid in cash from a qualified retirement plan. You may also need to pay a 10%** additional income tax on this withdrawal, unless you're older than 59½, disabled, or age 55 or older when separated from service.

* No portion of a hardship withdrawal is eligible for rollover. Principal Life will withhold 10% for federal taxes on this amount. You may elect to have more than 10%, or no taxes withheld by completing Form W-4R.

Select if you wish to have different withholding You can choose a rate other than the default withholding by completing Form W-4R. You can also go to the Form W-4R, found online at www.irs.gov for further instructions and a rate table that helps you choose a rate that is appropriate for your tax situation. If you do not return Form W-4R, taxes will be withheld at the default withholding rate.

I have attached form W-4R for additional withholdings.

State income tax withholding may apply to your cash withdrawal. The address and state you use on this form will be used as your state of residence to determine whether state taxes apply, unless you tell us otherwise. Additional state-specific forms may be needed for states that don't require withholding. Contact your state income tax authority for more information.

Note: Standard withholding will apply unless you elect additional withholding on this page.

**Qualified Reservist Distributions are exempt from the 10% additional income tax if withdrawn prior to age 59½.

State Taxation Yes No Do you have elective deferrals in the plan that has already been taxed by your state of residence?

Yes No If yes, have all elective deferrals accumulated in the account the plan holds for your benefit been taxed by your state of residence?

If all elective deferrals have not been taxed, what is the amount that has been taxed by your state of residence? \$ _____

Note: If you are unsure if any amounts have previously been taxed, please verify by contacting your Plan Administrator/Employer.

Section 6 – Participant’s Signature

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.

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.

I reviewed the information in this form and Your Rollover Options*. I understand my benefit options.

I understand my benefits under the plan may be paid to me in the form of a qualified joint and survivor annuity (QJSA) as described. I have the right to waive this form of payment and elect to receive my benefits in another form of payment. I also understand if I choose to waive the QJSA benefit and am married, my spouse may need to voluntarily consent in writing to my election. My spouse also may withhold consent to my election. I further understand I may revoke any waiver in effect before I receive any benefits under the plan.

By electing this withdrawal, I understand benefits due me or my survivors will be reduced by this withdrawal. I understand the tax consequences of this election and consulted a tax advisor, if necessary. I certify the information I provide 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 *Enhanced Services Withdrawal form and Your Rollover Options**. 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**, (some plans may not require a waiting period) as allowed by law. **I understand if 180 days has passed since I received the *Enhanced Services Withdrawal form and Your Rollover Options**, I am required to receive another form and must complete and submit another copy to restart the time limit described above.**

I certify that I received this Enhanced Services Withdrawal Form and Your Rollover Options Form* on the date I signed it, unless I enter a different date in the following box.

Date I received this Enhanced Services Withdrawal Form and Your Rollover Options*: _____ / _____ / _____ .

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 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	Date
X	

* Not applicable for hardship withdrawals

** Some plans may allow the 30 days to be waived in favor of up to 7 days. Contact us at 800-547-7754 for specific information on your plan.

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.

Revocability of Benefit Election: *You have elected to distribute your retirement funds according to the directions you have given on this form. Your election becomes irrevocable once the request is processed*

Redemption fees may apply on certain transactions. For further information on redemption fees, please login to your account at principal.com.

Section 7 – Spouse’s Signature

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.

I, _____ (name of the spouse of the plan participant), am the spouse of _____ (name of plan Participant). I understand I have the right to have benefits paid in the form of a qualified joint and survivor annuity (QJSA) benefit (see Sections 8 and 9 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 will receive a reduced amount when 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 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 don’t have to sign this agreement. I’m signing this agreement voluntarily. If I don’t sign, the plan may require that my spouse and I receive payments from the plan in the QJSA form of benefit withdrawal (see Sections 8 and 9).

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	Type or Print Name	Date / /
	Plan Representative Signature: The spouse appeared before me and signed this consent.	Plan Representative Signature X	Type or Print Name	Date / /
Notary Public: The person signing as spouse appeared before me and signed the above consent.			Notary Signature X	
Sworn to and subscribed before me this _____ day of _____, 20 _____, 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 acknowledgment and attach it to this withdrawal form.</i>				
If spouse cannot be located:	Plan Representative: It has been established to my satisfaction the spouse cannot be located	Plan Representative Signature X	Date / /	

Section 8 – Important Information About Payments 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 Income for You and Your Spouse: Under the terms of your retirement plan, if you're married, your regular form of benefit will typically be a Survivorship Annuity, (possibly with Installment Refund feature) with your spouse as the contingent annuitant. The Employee Retirement Income Security Act (ERISA) made the Qualified Joint and Survivor Annuity (QJSA) form of payment mandatory for all married plan participants in order to protect your spouse's rights to benefits.

This form of benefit guarantees you or your spouse a regular income as long as either of you are alive. If you die, your spouse receives a percentage – at least 50% – of your regular income for life. If the Installment Refund feature applies and both you and your spouse die before receiving the amount used to purchase your annuity, regular income continues to your beneficiary until total payments equal the annuity purchase price.

You also have the right to keep your money in the retirement plan until age 62 or your normal retirement age, whichever comes later. If your plan allows, you may elect to defer payments until April 1 of the year after you reach age 72 (age 70½ if attained 70½ before December 31, 2019) and retire (doesn't apply if you're at least a 5 percent owner in the company sponsoring the plan). If you choose to take a withdrawal now, it will reduce the money available to you during retirement.

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?

(Note: Hardship withdrawals may not be rolled over to another plan or IRA.)

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 provide 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 it 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.

If you have not reached age 59½ when you take retirement funds, you do not roll funds over into another plan or IRA, you may be subject to an additional 10% penalty tax. 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 currently available investment options in the plan may not be generally available outside the plan.

You should refer to the Summary Plan Descriptions for this 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.

Section 9 – Description of Payment Option

Cash Withdrawal: You choose the withdrawal amount. Federal and state (if applicable) taxes will be withheld as required by the Internal Revenue Service.

Direct Rollover: You choose the rollover amount and select an Individual Retirement Account/Annuity (IRA) or another eligible retirement plan to receive the funds. No state or federal taxes will be withheld from this disbursement.

No portion of a hardship distribution is eligible for rollover.

Check Information: If withdrawal is being used to request a Direct Rollover to an IRA or another eligible retirement plan with another financial institution, you must provide the check issuing instructions that have been provided by the receiving financial institution. This information must be provided in the appropriate section of this form.

The following chart describes various distribution options. All options may not be available under your retirement plan. Refer to your Summary Plan Description for details regarding the options available for your plan. Note: This chart is for illustrative purposes 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.

*Based on a \$25,000 withdrawal, contingent annuitant is four years younger than plan participant, and annuity purchase rates effective on the date this illustration was prepared. If you would like additional information on these payment options call, 1-800-547-7754.

Distribution Option	Description	Estimated Monthly Income*					
		Starting at Age 65		Starting at Age 55		Starting at Age 45	
		You	Your Spouse (after death of participant)	You	Your Spouse (after death of participant)	You	Your Spouse (after death of participant)
50% Survivorship Annuity (Other survivorship percentages may be available)	The participant receives regular income for life. After the participant's death, the contingent annuitant (typically the spouse - but another annuitant can be designated if the spouse approves) receives 50% of the participant's regular income for their life.	\$147.60	\$73.80	\$128.71	\$64.36	\$117.70	\$58.85
Single Life Annuity	The participant receives regular income for life. Payments stop when the participant dies. A spouse or other survivor will receive no future income.	\$160.63	\$ 0.00	\$135.49	\$ 0.00	\$121.99	\$ 0.00
Life Annuity with 10 Year Certain Period (Other certain periods may be available)	The participant receives regular income for life. If the participant dies before ten years, the beneficiary (typically the spouse) receives either regular income for the rest of the certain period, or a single payment. If the participant dies after 10 years, the spouse or other survivor receives no income. The certain period cannot exceed the participant's life expectancy.	\$155.33	\$ 0.00	\$134.31	\$ 0.00	\$121.68	\$ 0.00
10-Year Fixed Period Annuity (Other fixed periods may be available)	The participant receives regular income for 10 years. If the participant dies before the 10-year period ends, the beneficiary (typically the spouse) receives regular income for life or a single payment. If the participant dies after 10 years, the spouse or other survivor receives no income. The fixed period cannot exceed the participant's life expectancy.	\$242.76	\$ 0.00	\$242.76	\$ 0.00	\$242.76	\$ 0.00
Cash Distribution \$25,000	The participant and spouse agree to take a lump sum cash distribution now and receive no future income.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Have a question? We're here to help!

Call us at

1-800-547-7754

Monday through Friday, 7 a.m. to 9
p.m. (Central Time)



The subject matter in this communication is educational only and provided with the understanding that Principal® is not rendering legal, accounting, investment or tax advice. You should consult with appropriate counsel, financial professionals, and other advisors on all matters pertaining to legal, tax, investment or accounting obligations and requirements.

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If you elected something other than a hardship withdrawal, you should have received a separate notice titled Your Rollover Options. If you did not receive a copy of the notice with this packet, one can be obtained by logging into your account at www.principal.com under Overview/Plan Information & Forms or by contacting us at 1-800-547-7754, 7 a.m. - 9 p.m. Monday - Friday (Central Time).