

P.O. Box 9394
Des Moines, IA 50306-9394
Principal Life Insurance Company
Retirement Plan
Catch-Up Contribution
Election Form

	Sponsor Information		
Clien	t Name		Contract No./Plan I.D. No.
	cicipant Information cipant Name		
Locat	tion	Social Security Number	Date of Birth
Defe	erral Agreement		
payo may	check. This agreement applies reduce my contribution only v	s to amounts earned until changed	lefer a portion of my current and future salary from m by me in writing. I understand that the plan sponso imits or regulations. I further understand that my totacced \$6,000.
Defe	erral Amount		
Му	election is for:		
	\$per pay period		
	or		
П	The maximum catch-up ele	ective deferral contribution divide	d equally among pay periods.
I would like catch-up elective deferral contributions to begin with my paycheck of			
	-	_	
Ш	i choose not to make a cate	ch-up elective deferral contribution	on at this time.
Elig	ibility		
I und	derstand that to be eligible for	a catch-up elective deferral contribu	ution, I must:
1.	Turn age 50 or older this year	, and	
2.	Maximize my elective deferral contributions for the year by meeting one of the following limits:		
	Maximum limit on elective deferrals or annual additions as stated by an Internal Revenue Code Section		
	<ul> <li>Maximum elective deferra</li> </ul>	al contribution limit stated in the plan	document
	<ul> <li>Maximum elective deferral test (Note: This applies to a</li> </ul>		ne Actual Deferral Percentage (ADP) nondiscriminatio
then	my catch-up elective deferra	I contributions will be considered re	ot maximize my regular elective deferral contributions gular elective deferral contributions. I understand my current elective deferral investment direction.
X			
	Employ	ree Signature	Date

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