

Principal Trust Company

A member of



Mailing Address:
P.O. Box 8963
Wilmington, DE 19899-8963
800-209-9010 Fax: 302-999-9554
TRSProcessing@principaltrust.com

**Individual 401(k)
Election Form for
Failed §402(g) Test**

Important Information:

- The correction method to remove the excess contribution(s) is to refund the excess contribution plus/minus any gain or loss attributable to the excess amount.
- The excess contribution plus/minus any gains or losses needs to be removed from the plan before April 1. Excess amounts not removed by this date may cause your plan to lose its qualified status. We strongly recommend that you work with your investment advisor to ensure the refund(s) are processed before this deadline. We cannot guarantee that any form received after April 10 will be processed prior to the April 15th deadline.

I. Plan Sponsor Information (Please print or type)

Employer Name		Plan Year Refund	
Employer Address		City	State ZIP Code
Employer Phone Number	Investment Firm & Account Number	Employer Tax ID Number	

II. Owner/Spouse Annual Additions Refund Information

Name	Social Security #	Excess Amount	Gain/Loss	Total Refund Amount

Important Note: The "Total Refund Amount" should be completed with the amount of excess +/- any gain or loss attributed to the excess contribution(s). Please work with your investment representative to determine the gain/loss attributable to the excess contribution, and ensure there is cash available to pay the above refund(s).

III. Plan Sponsor Signature

I certify the above information is true and correct. I authorize Principal Trust Company to make distribution refund(s) as outlined above.

<u>Plan Sponsor (Print Name)</u>	<u>Title</u>
<u>Plan Sponsor Signature</u>	<u>Date</u>

Please retain a copy of this form for your records and fax or mail to Principal Trust Company.