

## LIQUIDATION REQUEST IRA Distribution Form American Realty Capital

## **Please Print or Type**

## **IMPORTANT INFORMATION:**

Each alternative investment has specific rules around liquidations and distributions, please review the terms and conditions outlined within the specific product prospectus for details.

Forward To: First Trust Retirement, c/o DST Systems, Inc.

Regular Mail
PO Box 219865
Kansas City, MO 64121-9865

877-694-1113 (fax)

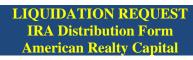
Kansas City, MO 64121-9865 430 West 855-387-3847 Kansas Cit 8:00 – 5:00 (Central Time)

Overnight Delivery
Mail Stop: ARC
430 West 7th Street
Kansas City, MO 64105-1407

Step 1: IRA O	WNER INFORMATION			,					
Name		Social Security Number	Date of Birth	_	Account Number				
Ivallie		Gooda Geeding Number	Date of Billi		Account Number				
Street A	Address	City	State	Zip		Phone Number			
Step 2: IRA BI	ENEFICIARY INFORMATION (Complete ON	LY for a death distribution)							
Name		Social Security Number	Date of Birth	_	Account Number	/if applicable)			
INAITIE		Social Security Number	Date of Biltin		Account Number	(п аррпсавте)			
Street A	Address	City	State	Zip		Phone Number			
Step 3: DISTR	IBUTION INSTRUCTIONS								
□ Cla	shal Not Loosa Inc. ("CNI") (f/k/a ADC Cla	ool Trust Inc \*	Vork DEIT Inc * /A	IVDT\ (£/	k/a American Bealtu	Canital Navy Varly Dagayary DEIT	\*		
	obal Net Lease, Inc. ("GNL") (f/k/a ARC Glol orrill & Janes Bank and Trust NOW Account		V YORK REIT, INC. 1 (N	NYKI) (I/	к/а Аптепсан кеану	Capital New York Recovery REIT			
	If you have already had your shares sold from the listed product over the phone or in writing, and wish to redeem the cash proceeds of that transaction, please select the "Morrill & Janes Bank and Trust NOW Account" on this form to redeem the cash proceeds.								
-	□ Option 1. Please indicate one of the following options (Select payment method in Step 5):								
<ul> <li>□ I wish to liquidate my entire account</li> <li>□ I wish to make a partial liquidation of (number of shares) from my account.</li> </ul>									
□ Option 2. Required Minimum Distribution (RMD) Options (for Traditional or SEPIRA Owners age 70 1/2 or older): □ I wish to make a one-time withdrawal of my RMD for(year) in the amount of(shares) distributed per my instructions in Step 5.									
□ Option 3. Please pay out my monthly/quarterly/annual income distributions (Select payment method in Step 5)									
	dollar fee will be charged during listing ev								
** The interest rate and annual percentage yield may change at any time. Interest will be compounded and credited on the last day of each calendar month. The daily balance method is used to calculate the interest on cash in the account. The bank deposit is insured up to applicable FDIC limits.									
	ON FOR DISTRIBUTION	the account. The bank deposit is ins	вигей ир то иррпсил	ole I DIC	iiiiiits.				
□ Do N	Not Distribute from IRA. Place pro	ceeds into Morrill & Janes Ba	nk and Trust NC	DW Acc	count (Proceed t	o Step 7)			
□ Dist	ribution from a TRADITIONAL or SE	P IRA							
	Normal Distribution (Account holde	=	-						
	,	•				• •			
		ermanent Disability (Account holder meets disability qualifications under Section 72(m)(7) of IRS Code. Documentary evidence required.) eath (Beneficiary must provide an original or a certified copy of the account holder's Death Certificate; W-9 required)							
	Return of Excess Contribution plus	Earnings: For what year was the	e contribution ma	ade?	Current Year	Prior Year*			
	Recharacterization: For what year wa	as the contribution made?   Curr	rent Year 🗆 Prid	or Year	*				
	Direct Roth IRA Conversion								
	IRA Trustee to Trustee transfer- Liqu paperwork is received). <b>Please not custodian and complete their transfer form.</b>	e that if requesting an IRA Ti	rustee to Truste	ee tran	sfer you need to	o contact the accepting			

\*Deadline to recharacterize a contribution or remove an excess contribution is the IRA Owner's tax filing deadline (for the tax year of the contribution),

plus any extensions including an automatic 6-month extension for those who file by the tax deadline.





□ Distribution from a ROTH IRA  □ Normal Distribution (Account holder age 59 1/2 or over) □ Early Distribution (Account holder must be under age 59 1/2 - IRS penallocated Permanent Disability (Account holder meets disability qualifications used Death (Beneficiary must provide an original or a certified copy of the allocated Return of Excess Contribution plus Earnings: For what year was the contribution made? □ Curre IRA Trustee to Trustee transfer *- Liquidate and move proceeds to NOW TOA paperwork is received). Please note that if requesting an IRA Trustacepting custodian and complete their transfer (TOA) paperwork. A required on their transfer form.  *Deadline to recharacterize a contribution or remove an excess contribution of the contribution), plus any extensions including an automatic 6-month	nder Section 72(m) (7) of IRS Code. Documentary evidence required.) account holder's Death Certificate; W-9 required) antribution made?  Current Year Prior Year* account (Proceeds will remain in NOW account unless atee to Trustee transfer you need to contact the a Medallion Signature Guarantee stamp may be an is the IRA Owner's tax filing deadline (for the tax year
Step 5: PAYMENT METHOD	
<ul> <li>Deposit cash into my Morrill &amp; Janes Bank and Trust NOW Account (N Mail check to the address currently on file (Signature Guarantee re Electronically transfer funds to my bank (Voided check is required. S Recharacterization in Kind or Roth Conversions in Kind; Existing Acco Create New Account for (Must complete an IRA Application to create Mail check to a third party listed below (This will be coded as a taxable distribution) For this payment method, the form must be signed and Signature Guaranteed. Please note that this form cannot be notarized.</li> </ul>	equired if address changed within 30 calendar days) ignature Guarantee required if new bank instructions) unt Number(Not a taxable distribution)
Payee or Account Name	Account Number
Address	
Step 6: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4P/OMB	No .1545-0415)
* Except for a distribution from a Roth IRA or for a return of excess contribution	on.
In compliance with the "Tax Equity and Fiscal Responsibility Act," First Trust Refrom all IRA distributions. You may exercise your right to elect not to have fund may change or revoke this election at any time and as often as you wish. You below. If no election is made, First Trust Retirement is required to withhou withheld from your distribution. Please note that penalties may be incurred utax payments are not sufficient. Please note that withholding cannot be done.	Is withheld. This election will be in effect until you change it. You may elect out of this withholding by checking the appropriate box old 10% Federal Income Tax. State Income Taxes cannot be nder the estimated tax rules if your withholding and/or estimated
<ul><li>□ Do not withhold taxes.</li><li>□ Withhold% from the amount withdrawn (must be at least 10%).</li></ul>	
Step 7: SIGNATURE	
By signing below, I certify that the information I have provided is true and corr instructed above.	ect, and I authorize the Custodian to distribute my IRA as
IRA Owner's Signature (or other authorized person)	Date