

| lease Print or Type <u>MPORTANT INFORMATION</u> : Each alternative investment has specific rules around income distributions, please review the terms and conditions outlined within the specific product prospectus for details. | | Forward To: | : First Trust Retirement, c/o DST <u>Reqular Mail</u> PO Box 219001 Kansas City, MO 64121-9001 855-387-3847 | | Systems, Inc. <u>Overnight Delivery</u> Mail Stop: CNL 430 West 7th Street Kansas City, MO 64105-1407 |
|---|--|--|---|-------------------|---|
| nis form is not for withdrawal requests. | | | 055-207-2047 | | |
| ep 1: IRA OWNER INFORMATION | | | | | |
| Name | Social Security Number Date of Birth | | Account Number (If known) | | |
| Street Address | City | State | Zip | | Phone Number |
| ep 2: INCOME DISTRIBUTION INSTRUCTIONS* | | | | | |
| Product: CNL Growth Properties* CNL Lifestyle Properties, Inc.* Welsh/CNL Properties I, LLC * | Corporate Capital Trust, Inc CNL Growth Properties II, L | CNL Healthcare Properties, Inc. | | | |
| *Income distributions for CNL are processed in a prospectuses for frequency and availability deta. | ils or call CNL at 866-650-0650. | | | vailability. Plea | ase review their |
| To participate in the Distribution Reinvestment | | - | | | |
| Premature Distribution (Account hold Premature Exempt Distribution (Includ Normal Distribution (Account holder a Death (If not already in a Beneficiary IPA the structure Tracks of Activity Tracks | ding Permanent Disability, SEPP, and ot ge 59 1/2 or over; includes Required N IRA: Must provide a certified copy of th | ther identified 72 Minimum Distributhe account holder | (t) qualified excep tions) 's Death Certifica | otions. Docume | |
| IRA Trustee to Trustee Custodial Trans custodian OR must include the custo | | ustee transfer, thi | s form must be s | igned and Sign | ature Guaranteed by accepting |
| ep 4: PAYMENT INSTRUCTIONS | | | | | |
| Mail check to the address currently on file. | | | | | |
| Electronically deposit by ACH to my bank. (A | voided check is required.) | | | | |
| Deposit into my Undirected Cash Account. (| This is not a taxable distribution.) | | | | |
| Mail check to a third party listed below. (Th | is will be coded as a taxable distribution | n.) | | | |
| □ Transfer my income distributions to the cus | todian listed below as a Trustee to Trus | stee | | | |
| transfer. (This will be coded as a non-taxabl For a Trustee to Trustee transfer, this form Guaranteed by accepting custodian OR mu signed Letter of Acceptance. This custodial time of distribution establishment. Please notarized. | must be signed and Signature ist include the custodian's sign off is only required at | | | | |
| | | | S | ignature Guara | antee |
| | | | | | |
| Payee or Account Name | | Acco | ount Number | | |
| Address | | | | | |
| | | | | | |



Step 5: 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.

In compliance with the "Tax Equity and Fiscal Responsibility Act," First Trust Retirement, as custodian, is required to withhold Federal Income Tax from all IRA distributions. You may exercise your right to elect not to have funds withheld. This election will be in effect until you change it. You may change or revoke this election at any time and as often as you wish. You may elect out of this withholding by checking the appropriate box below. If no election is made, First Trust Retirement is required to withhold 10% Federal Income Tax. State Income Taxes cannot be withheld from your distribution. Please note that penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Please note that withholding cannot be done for Transfers-in-Kind or Transfers to Non-Qualified accounts.

Do not withhold taxes.

□ Withhold _____% from the amount withdrawn (must be at least 10%).

Step 6: SIGNATURE

By signing below, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my IRA as instructed above.

IRA Owner's Signature (or other authorized person)

Date