

INCOME DISTRIBUTION REQUEST Carter Validus Mission Critical REITs

Please Print or Type

IMPORTANT INFORMATION:

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 Systems, Inc. Overnight Delivery Regular Mail

PO Box 219731

Kansas City, MO 64121-9731 855.387.3847

Mail Stop: CV Mission Critical

REITs 430 West 7th Street

Kansas City, MO	64105-1407
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INCOME DISTRIBUTION REQUEST Carter Validus Mission Critical REITs

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-Ovalified accounts.

	Iransfers to Non-Qualified accounts.	
	Please note that withhold cannot be done for Transfers-in-Kind or Transfe	rs 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	□ Do not withhold taxes.□ Withhold% from the amount withdrawn (must be at least	10%).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 my IRA as instructed above.	and correct, and I authorize the Custodian to distribute
	IRA Owner's Signature (or other authorized person)	Date