

WITHDRAWAL/RMD REQUEST **Carter Validus Mission Critical REITs**

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.

Overnight Delivery Regular Mail

PO Box 219731 Mail Stop: CV Mission Critical REITs

Kansas City, MO 64121-9731 430 West 7th Street 855.387.3847

Kansas City, MO 64105-1407

Name	Social Security Number	Date of Birth		Account Number (if applicable)
Street Address	City	State	Zip	Phone Number
2: IRA BENEFICIARY INFORMATION	I (Complete ONLY for a death wi	thdrawal)		
Name	Social Security Number	Date of Birth	_	Account Number (if applicable)
Street Address	City	State	Zip	Phone Number
3: WITHDRAWAL INSTRUCTIONS				
□ Carter Validus Mission Critical RE	EIT, Inc.*	r Validus Mission C	ritical	REIT II, Inc.*
□ Undirected Cash Account **				
*Redemptions for Carter Validus Mission C	Critical REITs are processed in accorda	nce with their respe	ctive S	Share Redemption Program and are
subject to availability. Please review the	·			·
□ Option 1. Please indicate one of	of the following options (Select p	ayment method	in Ste	o 5):
•	or greater, a Signature Guarantee	•		,
☐ I wish to redeem my entire of	•			
•	partial withdrawal of \$	or	1# 0	f shares) from my account
				1 shares in the internal account
□ Option 2. Required Millimum Dis		itional or CEDIDA (Junor	2 2 2 2 2 1 /2 or older).
				s age 70 1/2 or older):
☐ I wish to make a one-time wit	thdrawal of my RMD for	(year) in the amour	nt of \$ _	distributed per my instructions in Step 5.
☐ I wish to make a one-time wit☐ I wish to have my RMD for _	thdrawal of my RMD for (year) calculated by	(year) in the amour y the custodian an	nt of \$ _ d distr	distributed per my instructions in Step 5. ibuted per my instructions in Step 5.
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*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.



WITHDRAWAL/RMD REQUEST Carter Validus Mission Critical REITs

step 5: PAYMENT METHOD	
☐ Mail check to the address currently on file. (Signature Guarantee re	
 Electronically transfer funds by ACH to my bank. (Voided check is r Deposit cash into my Undirected Cash Account. (This is not a taxal 	
☐ Transfer in Kind my shares to my non-qualified account; Existing Ac	
	qualified account does not exist. See product prospectus for requiremen
□ Transfer in Kind my shares to my IRA; Existing Account Number	
, , , , , , , , , , , , , , , , , , , ,	create a new account for Recharacterization or Roth Conversion
☐ 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.	
Guaranteed. Please note that this form cannot be notalized.	
	Signature Guarantee
Payee or Account Name	Account Number
Address	
${ m ep}$ 6: Income tax witholding (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 of	contribution.
In compliance with the "Tax Equity and Fiscal Responsibility Act," First Income Tax from all IRA distributions. You may exercise your right to you change it. You may change or revoke this election at any time checking the appropriate box below. If no election is made, First Tru Income Taxes cannot be withheld from your distribution. Please note the withholding and/or estimated tax payments are not sufficient. Please transfers to non-qualified accounts.	elect not to have funds withheld. This election will be in effect ur and as often as you wish. You may elect out of this withholding ust Retirement is required to withhold 10% Federal Income Tax. State hat penalties may be incurred under the estimated tax rules if your
□ Do not withhold taxes.	
☐ Withhold% from the amount withdrawn (must be a	at least 10%).
p 7: SUBSTITUTE W-9:	
I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identific correct and complete, (ii) that I am not subject to backup withholding backup withholding as a result of a failure to report all interest or distrib	g either because I have not been notified that I am subject to outions, or the Internal Revenue Service has notified me that I
am no longer subject to backup withholding, and (iii) I am a U.S. perso	אוו.
ep 8: Signature	
By signing below, I certify that the information I have provided is trumy IRA as instructed above.	ue and correct, and I authorize the Custodian to distribute
IRA Owner's Signature (or other authorized person*) *If signing as Power of Attorney, valid POA documents must be inc	Date Sluded.