

Please Print or Type <u>IMPORTANT INFORMATION</u> : 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/ <u>Regular Mail</u> PO Box 219312 Kansas City, MO 64121-9312 877-411-2653 Fax # 855-240-7591		6 DST Systems, Inc. <u>Overnight Delivery</u> Mail Stop: Cole 430 West 7th Street Kansas City, MO 64105-1407	
<i>1:</i> IRA OV ו	VNER INFORMATION				
Name		Social Security number	Date of Birth	Account Num	nber (if applicable)
Street Ad	ddress	City	State	Zip	Phone Number
Citizensł	hip Status: 🗆 U.S. Citizen 🗆				
o 2: IRA BEI	NEFICIARY INFORMATION (Compl	ete ONLY for a death distribution)			
Name		Social Security number	Date of Birth	Account Num	nber (if applicable)
Street Ad	ddress	City	State	Zip	Phone Number
Citizensł	hip Status: 🛛 U.S. Citizen 🛛	Resident Alien			
-		e following options (Select paymer	1,		
Coption	n 2. Required Minimum Dis wish to make a one-time withdr wish to have my RMD for terest rate and annual percentage y balance method is used to calculo		my account. ditional or SEP IR. in the amount of \$ ian and distributed p will be compounded an	A Owners age 70 1/2 distributed per per my instructions in S nd credited on the last do	r my instructions in Step 5. tep 5. ny of each calendar month.
Option Option I The int The daily O4: REASO	wish to make a liquidation of n 2. Required Minimum Dis wish to make a one-time withdr wish to have my RMD for terest rate and annual percentage by balance method is used to calcula N FOR DISTRIBUTION	unt (number of shares) from (stribution (RMD) Options (for Tra awal of my RMD for (year) (year) calculated by the Custod yield may change at any time. Interest w	my account. ditional or SEP IR. i in the amount of\$ _ ian and distributed p will be compounded an The bank deposit is in:	A Owners age 70 1/2 distributed per per my instructions in S and credited on the last da sured up to applicable FD	r my instructions in Step 5. tep 5. ny of each calendar month. IC limits.



□ Option 3: Distribution from a ROTH IRA

- □ Normal Distribution (Account holder age 591/2 or over)
- Early Distribution (Account holder must be under age 591/2 IRS penalty applies unless rollover occurs within 60 days)
- IRA Trustee to Trustee transfer *
 - Liquidate and move proceeds to NOW account (Proceeds will remain in NOW account until TOA paperwork is received).
 - □ Maintain shares in Cole Real Estate Investments, Inc. until TOA paperwork is received)
- □ Permanent Disability (Account holder meets disability qualifications under Section 72(m) (7) of IRS Code)
- Death (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 contribution made?
 Current Year
 Prior Year** Excess Contribution Amount
 Earnings from Excess
 Earnings
- □ Recharacterization: For what year was the contribution made? □ Current Year □ Prior Year*

Contribution Amount to Recharacterize \$_____ Account to Receive the Recharacterization _____

*Please note that if requesting an IRA Trustee to Trustee transfer you need to contact the accepting custodian and complete their transfer (TOA) paperwork. A Medallion Signature Guarantee stamp is required on their transfer form.

**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.

Step 5: PAYMENT METHOD

- Deposit cash into my Morrill & Janes Bank and Trust NOW Account (Not a taxable distribution)
- □ Mail check to the address currently on file (Medallion Signature Guarantee required if address changed with 30 calendar days)
- Electronically transfer funds to my bank (voided check is required) (Medallion Signature Guarantee required if new bank instructions)
- Transfer my shares in-kind to my Nonqualified account at Product _____; Existing Account Number _____;
 Create New Account
- Transfer my shares-in-kind to my IRA at Product _____; Existing Account Number _____
 Create New Account (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions)
- 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 Medallion Signature Guaranteed. Please note that this form cannot be notarized. Not required for monthly/quarterly/annual dividend payment option.

Medallion Signature Guarantee

Payee or Account Name

Account Number

Address

Step 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 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.

 \Box Do not withhold taxes.

□ Withhold _____% from the amount withdrawn (must be at least 10%). Please note that withholding cannot be done for Transfers-in-Kind.

Step 7: 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.

