

## First Trust Retirement INCOME DISTRIBUTION REQUEST FORM

Please Print or Type <u>IMPORTANT INFORMATION</u> : Each alternative investment has specific rules around income distributions. Please contact the Retirement Call Center at 855-661-0250 for more information regarding the specific forms that must be completed.		Forward To: First Trust Retirement, o <u>Reqular Mail</u> PO Box 219095 Kansas City, MO 64121-9095 855-661-0250		/o DST Systems, Inc. <u>Overnight Delivery</u> Mail Stop: FS Investments 430 West 7th Street Kansas City, MO 64105-1407
This form is not for withdrawal requests. 1: IRA OWNER INFORMATION				
Name	Social Security Number	Date of Birth	ate of Birth FS Account Number (If known)	
Street Address	City	State	Zip	Phone Number
2: INCOME DISTRIBUTION INSTRUCTIONS*				
Product:         FS Global Credit Opportunities Fund         FS Investment Corporation II	<ul><li>FS Investment Corporation</li><li>FS Energy and Power Fundamental</li></ul>			
*Income distributions for FS Investments are pr their prospectuses for frequency and availabilit	y details or call the Retirement Call Cent	er at 855-661-025	0.	o availability. Please review
<ul> <li>Please pay out my income distributions.</li> </ul>				who FC lowester Change form
To participate in the Distribution Reinvestmen **The interest rate and annual percentage yiel	d may change at any time. Interest will	be compounded a	nd credited on the last do	y of each calendar month. The daily
balance method is used to calculate the inter 3: INCOME DISTRIBUTION REPORTING	rest on cash in the account. The bank de	eposit is insured up	to applicable FDIC limits	
<ul> <li>Death (Income distributions must be</li> <li>IRA Trustee to Trustee Custodial Tracustodian OR must include the cust</li> </ul>	,	rustee transfer, th	is form must be signed a	nd Signature Guaranteed by accept
4: PAYMENT INSTRUCTIONS				
□ Mail check to the address currently on file.				
$\hfill\square$ Electronically deposit by ACH to my bank. (	A voided check is required.)			
$\hfill \square$ Deposit into my Morrill & Janes Bank and T	rust NOW Account. (This is not a taxabl	e distribution.)		
$\hfill\square$ Mail check to a third party listed below. (T	his will be coded as a taxable distributio	n.)		
$\Box$ Transfer my income distributions to the cus		tee		
transfer. (This will be coded as a non-taxab For a Trustee to Trustee transfer, this for Guaranteed by accepting custodian OR m				
signed Letter of Acceptance. This custodia time of distribution establishment. Please notarized.	ust include the custodian's al sign off is only required at			
time of distribution establishment. Please	ust include the custodian's al sign off is only required at		Signature	Guarantee
time of distribution establishment. Please	ust include the custodian's al sign off is only required at	Acco	Signature	Guarantee
time of distribution establishment. Please	ust include the custodian's al sign off is only required at	Acco		Guarantee



## 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