

Please Print or Type

Forward To: First Trust Retirement, c/o DST Systems, Inc.

Tender Offer Materials must accompany this document if a liquidation of shares of common stock or common shares of beneficial interest ("shares") of the fund as indicated in Step 4 is requested. For in-kind withdrawals please contact the Retirement Call Center at 855-661-0250 for more information regarding the specific forms that must be completed.

Regular Mail
PO Box 219095
Kansas City, MO 64121-9095
855-661-0250

Overnight Delivery
Mail Stop: FS Investments
430 West 7th Street
Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION

Name	Social Security Number	Date of Birth	Existing FS Account Number (If known)	
Street Address	City	State	Zip	Phone Number

Step 2: IRA BENEFICIARY INFORMATION (Complete ONLY for a death distribution)

Name	Social Security Number	Date of Birth	Existing FS Account Number (If known)	
Street Address	City	State	Zip	Phone Number

Step 3: WITHDRAWAL INSTRUCTIONS*

- | | | |
|--|--|---|
| <input type="checkbox"/> FS Global Credit Opportunities Fund | <input type="checkbox"/> FS Investment Corporation III | <input type="checkbox"/> FS Energy and Power Fund |
| <input type="checkbox"/> FS Investment Corporation II | <input type="checkbox"/> FS Energy and Power Fund II | <input type="checkbox"/> Morrill & Janes Bank and Trust NOW Account** |

**Share Repurchase Programs for FS Investments are processed in accordance with their respective Tender Offer Programs and are subject to availability. Please review their prospectuses for details or call the Retirement Call Center at 855-661-0250.*

- Option 1. Please indicate one of the following options: (Select withdrawal type in step 4 and payment method in Step 5)**
- I wish to redeem my entire account.
 - I wish to make a one-time, partial withdrawal of _____ (# of shares) from my account.
- Option 2. Required Minimum Distribution (RMD) Options (for Traditional or SEP IRA Owners age 70 1/2 or older):**
- I wish to make a one-time withdrawal of my RMD for _____ (year) in the amount of \$ _____ distributed per my instructions in Step 5.
 - I wish to have my RMD for _____ (year) calculated by the Custodian and distributed per my instructions in Step 5.

***The interest rate and annual percentage yield may change at any time. Interest will be compounded and credited on the last day of each calendar month. The daily balance method is used to calculate the interest on cash in the account. The bank deposit is insured up to applicable FDIC limits.*

Step 4: REASON FOR WITHDRAWAL

- Withdrawal from a TRADITIONAL or SEP IRA**
- Early Distribution (Account holder must be under age 59 1/2 - IRS penalty applies unless rollover occurs within 60 days)
 - Normal Distribution (Account holder age 59 1/2 or over; **includes Required Minimum Distributions**)
 - Permanent Disability (Account holder meets disability qualifications under Section 72(m)(7) of IRS Code, documentary proof may be required.)
 - Death (**If not already in a Beneficiary IRA**: Must provide a certified copy of the account holder's Death Certificate; W-9 required)
 - Return of Excess Contribution: For what year was the contribution made? Current Year Prior Year*
Excess Contribution Amount \$ _____
 - Recharacterization: For what year was the contribution made? Current Year Prior Year*
Recharacterization Amount \$ _____
 - Direct Roth IRA Conversion Amount \$ _____
- Withdrawal from a ROTH IRA**
- Early Distribution (Account holder must be under age 59 1/2 - IRS penalty applies unless rollover occurs within 60 days)
 - Normal Distribution (Account holder age 59 1/2 or over)
 - Permanent Disability (Account holder meets disability qualifications under Section 72(m)(7) of IRS Code, documentary proof may be required.)
 - Death (**If not already in a Beneficiary IRA**: Must provide a certified copy of the account holder's Death Certificate; W-9 required)
 - Return of Excess Contribution: For what year was the contribution made? Current Year Prior Year*
Excess Contribution Amount \$ _____
 - Recharacterization: For what year was the contribution made? Current Year Prior Year*
Recharacterization Amount \$ _____

**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.*

Please note that if requesting an IRA Trustee-to-Trustee Transfer, this form may NOT be used. Please contact the accepting institution and complete their transfer paperwork. A Medallion Signature Guarantee stamp may be required on their transfer form.

Step 5: PAYMENT METHOD

- Mail check to the address currently on file. *(Signature Guarantee required if address changed within 30 days.)*
- Electronically transfer funds by ACH to my bank. *(Voided check is required. Signature Guarantee required if adding bank within 30 days.)*
- Deposit cash into my Morrill & Janes Bank and Trust NOW Account. *(This is not a taxable distribution.)*
- Transfer in Kind my shares to my non-qualified account; Existing Account Number _____
 - Create New Account. *(Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.)*
- Transfer in Kind my shares to my IRA; 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.)* **Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be notarized.**

Signature Guarantee

Payee or Account Name

Account Number

Address

Step 6: 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 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.

IRA Owner's Signature (or other authorized person)

Date