

PUBLICLY TRADED PRODUCTS

LIQUIDATION REQUEST FORM

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.

Regular Mail

Attn: FTR- Publicly Traded

PO Box 219261

Kansas City, MO 64121-9261

855-387-3847

Overnight Delivery

Mail Stop: FTR-Publicly Traded

430 West 7th Street Suite 219261

Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION				
Name	Social Security Number	Date of Birth	Accou	unt Number (if applicable)
Street Address	City	State	Zip	Phone Number
Step 2: IRA BENEFICIARY INFORMATIO	ON (Complete ONLY for a death distribution)			
Name	Social Security Number	Date of Birth	Accou	unt Number (if applicable)
Street Address	City	State	Zip	Phone Number
Step 3: DISTRIBUTION INSTRUCTIONS				
	("The Product")* ☐ Mo	orrill & Janes Bank and	d Trust NOW Acco	ount **
	· · ·			
	t have already been sold over the phone or in w Bank and Trust NOW Account" on this form to			sh proceeds of that transaction,
□ I wish to make a one-time v * A \$20 dollar sales fee and .03 c ** The interest rate and annual µ The daily balance method is used		SEP IRA Owners age 70 the amount ofevents to cover the cosest will be compounded	(shares) st of trading the sh d and credited on	hares on the market. the last day of each calendar month.
Step 4: REASON FOR DISTRIBUTION				
□ Withdrawal from a TRADITION □ Early Distribution (According to Permanent Disability (Area Death (If not already in Return of Excess Contribution Recharacterization: For Recharacterization Direct Roth IRA Conver □ IRA Trustee to Trustee Please note that if requirements (According to Permanents)	unt holder must be under age 59 1/2 - IRS penalt count holder age 59 1/2 or over; includes Require count holder meets disability qualifications und a Beneficiary IRA: Must provide a certified copy oution: For what year was the contribution made in Amount \$ re what year was the contribution made? □ Curre Amount \$ sion Amount \$ transfer- Liquidate and move proceeds to NOW in the count in the contribution made?	ty applies unless rollow red Minimum Distributer Section 72(m)(7) of the account holder Current Year Current Year Prior Year account (Proceeds will need to contact the account the accoun	ver occurs within utions) f IRS Code, docum 's Death Certifica Prior Year* r*	nentary proof may be required.) ate; W-9 required)
*Deadline to recharact	erize a contribution or remove an excess contribu	ution is the IRA Owner	r's tax filing deadl	ine (for the tax year of the contribution), plus any

extensions including an automatic 6-month extension for those who file by the tax deadline.



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 □ Withdrawal from a ROTH IRA □ Early Distribution (Account holder must be under age 59 1/2 - IRS penalty appl □ Normal Distribution (Account holder age 59 1/2 or over) □ Permanent Disability (Account holder meets disability qualifications under Sec □ Death (If not already in a Beneficiary IRA: Must provide a certified copy of the □ Return of Excess Contribution: For what year was the contribution made? □ C □ Excess Contribution Amount \$ □ Recharacterization: For what year was the contribution made? □ Current Year □ Recharacterization Amount \$ □ IRA Trustee to Trustee transfer- Liquidate and move proceeds to NOW accour received). Please note that if requesting an IRA Trustee to Trustee transfer you not paperwork. A Medallion Signature Guarantee stamp may be required on their transfer. 	etion 72(m)(7) of IRS Code, documentary proof may be required.) et account holder's Death Certificate; W-9 required) Current Year Prior Year* ar Prior Year* at (Proceeds will remain in NOW account unless TOA paperwork is seed to contact the accepting custodian and complete their transfer (TOA)
*Deadline to recharacterize a contribution or remove an excess contribution is the IRA C extensions including an automatic 6-month extension for those who file by the tax dead	
Deposit cash into my Morrill & Janes Bank and Trust NOW Account (Not a tax	ddress changed within 30 calendar days) ignature Guarantee required if adding bank within 30 days) nust include DTC delivery instructions
Please note that this form cannot be notarized.	eed.
	Signature Guarantee
Payee or Account Name	Account Number
Address	
Step 6: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4P/ON	1B 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 Retiremen	t, 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 elect at any time and as often as you wish. You may elect out of this withholding by checking required to withhold 10% Federal Income Tax. State Income Taxes cannot be withhele estimated tax rules if your withholding and/or estimated tax payments are not sufficient transfers to non-qualified accounts.	the appropriate box below. If no election is made, First Trust Retirement is d from your distribution. Please note that penalties may be incurred under the
□ 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