

PUBLICLY TRADED PRODUCTS

INCOME DISTRIBUTION FORM

Please Print or Type IMPORTANT INFORMATION:

Each alternative investment has specific rules around income distributions, please review the terms and conditions outlined within the specific product prospectus for details.

This form is not for withdrawal requests.

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

Regular Mail

Overnight Delivery

Attn: FTR- Publicly Traded

Mail Stop: FTR-Publicly Traded

PO Box 219261 Kansas City, MO 64121-9261 430 West 7th Street Suite 219261

855-387-3847 Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Date of Birth	Account Number (if Applicable)
Address	City / State / Zip	Email	Phone Number
Step 2: INCOME DISTRIBUTION INSTRUCTIONS*			
Product: ("The Product")*	- <u> </u>	_("The Product")*	("The Product")*
*Income distributions for each product are processed in actheir prospectuses for frequency and availability details or Please pay out my income distributions. (Select dist	call product sponsor directly. ribution type in step 3 and payme	ent method in Step 4)	,
To participate in the Distribution Reinvestment Plan (DRI Step 3: INCOME DISTRIBUTION REPORTING	P), it must be indicated on the app	olicable Subscription Agreeme	nt or product sponsor update form.
 Premature Distribution (Account holder must be Premature Exempt Distribution (Including Permature Exempt Distribution (Including Permature) Normal Distribution (Account holder age 59 1/2 Death (If not already in a Beneficiary IRA: Must IRA Trustee to Trustee Custodial Transfer (Non-Toustodian OR must include the custodian's sign 	anent Disability, SEPP, and other ic or over; includes Required Minim provide a certified copy of the acc Faxable). For a Trustee to Trustee	lentified 72 (t) qualified excep um Distributions) ount holder's Death Certificat	tions. Documentary evidence is required.)
Step 4: PAYMENT INSTRUCTIONS			
☐ Mail check to the address currently on file.			
☐ Electronically deposit by ACH to my bank. (A voided ch	neck is required.)		
 Deposit into my Undirected Cash Account. (This is not 	a taxable distribution.)		
☐ Mail check to a third party listed below. (This will be c			
☐ Transfer my income distributions to the custodian liste			
transfer. (This will be coded as a non-taxable distribut For a Trustee to Trustee transfer, this form must be a Guaranteed by accepting custodian OR must include signed Letter of Acceptance. This custodial sign off is time of distribution establishment. Please note that notarized.	signed and Signature the custodian's s only required at		
		Si	gnature Guarantee
Payee or Account Name		Account Number	
Address			
Accepting Custodian Sign off			



PUBLICLY TRADED PRODUCTS

INCOME DISTRIBUTION FORM

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.

	required to withhold 10% Federal Income Tax. State Income Taxes cannot be withheld from your distribution. Please note that penalties may be incurred un 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%).				
tep	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				