

## 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 A		Account Number (if applicable)	
Street Address	City	State	Zip	Phone Number	
Step 2: IRA BENEFICIARY INFORMATION (Co	mplete ONLY for a death distribution)				
Name	Social Security Number	Date of Birth	Accou	int Number (if applicable)	
Street Address	City	State	Zip	Phone Number	
Step 3: DISTRIBUTION INSTRUCTIONS					
	("The Product")*	directed Cash Acco	unt **		
□ I wish to liquidate my entire accor □ I wish to make a liquidation of □ Option 2. Required Minimum Distril □ I wish to make a one-time withdraw  * A \$20 dollar sales fee, and .03 cents and the interest rate and annual percent	following options (Select payment method unt.  (number of shares) from my account (RMD) Options (for Traditional or Stawal of my RMD for (year) in the speed during listing of tage yield may change at any time. Interest cliculate the interest on cash in the account.	EP IRA Owners age the amount ofevents for the cost of the will be compound.	(shares) of trading the share	s on the market. the last day of each calendar month.	
Withdrawal from a TRADITIONAL or SE  Premature Distribution (Account of the premature Exempt Distribution (Account of the premature Dis	unt holder must be under age 59 1/2 - IRS p on (Including Permanent Disability, SEPP, an holder age 59 1/2 or over; <b>includes Requir</b>	penalty applies unle d other identified 7 ed Minimum Distri	ess rollover occurs w 72 (t) qualified exce libutions)	ptions. Documentary evidence is required.)	
<ul> <li>Return of Excess Contribution</li> <li>Excess Contribution Amo</li> </ul>	eficiary IRA: Must provide a certified copy: For what year was the contribution made unt \$ year was the contribution made?  Current	? 🗆 Current Year	☐ Prior Year*	te)	
	int \$				
<ul> <li>IRA Trustee to Trustee transfe</li> <li>Please note that if requesting</li> </ul>	er**- Liquidate and move proceeds to NOW	ed to contact the a		n NOW account until the TOA paperwork is received and complete their transfer (TOA) paperwork. A	



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Withdrawal from a ROTH IRA  Premature Distribution (Account holder must be under age 59 1/2 - IRS penalty is premature Exempt Distribution (Including Permanent Disability, SEPP, and other Normal Distribution (Account holder age 59 1/2 or over)  Death (If not already in a Beneficiary IRA: Must provide a certified copy of the age section of Excess Contribution: For what year was the contribution made? Curexcess Contribution Amount \$	ridentified 72 (t) qualified exceptions. Documentary evidence is required.) account holder's Death Certificate; W-9 required) arrent Year  Prior Year*  Prior Year*  (Proceeds will remain in NOW account unless TOA paperwork is received). act the accepting custodian and complete their transfer (TOA) paperwork. A
extensions including an automatic 6-month extension for those who file by the tax deadlin	
Step 5: PAYMENT METHOD	
<ul> <li>Deposit cash into my Undirected Cash Account (Not a taxable distribution)</li> <li>Mail check to the address currently on file (Signature Guarantee required if add</li> <li>Electronically transfer funds by ACH to my bank ((Voided check is required. Sign</li> <li>Transfer in Kind my shares to my non-qualified account held outside of FTR; mu</li> <li>Transfer in Kind my shares to my IRA; Existing Account Number</li> <li>Create New Account (Must complete an IRA Application to create a new a</li> <li>Mail check to a third party listed below (This will be coded a taxable distribution</li> <li>For this payment method, the form must be signed and Signature Guarantee</li> </ul>	nature Guarantee required if adding bank within 30 days) ust include DTC delivery instructions. uccount for Recharacterization or Roth Conversions) on)
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	R No. 15/5-0/15
* 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, distributions. You may exercise your right to elect not to have funds withheld. This electicat any time and as often as you wish. You may elect out of this withholding by checking to required to withhold 10% Federal Income Tax. State Income Taxes cannot be withheld 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-  Do not withhold taxes.  Withhold% from the amount withdrawn (must be at least 10%).	as custodian, is required to withhold Federal Income Tax from all IRA on will be in effect until you change it. You may change or revoke this election he appropriate box below. If no election is made, First Trust Retirement is from your distribution. Please note that penalties may be incurred under the
Step 7: SIGNATURE	
By signing below, I certify that the information I have provided is true and correct, and I a	authorize the Custodian to distribute my IRA as instructed above.  Date
* If signing as Power of Attorney, valid POA documents must be included.	Date