

## WITHDRAWAL/RMD REQUEST Greenbacker Renewable Energy Company, LLC

## 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

PO Box 219731

Kansas City, MO 64121-9731 855-387-3847 Overnight Delivery
Mail Stop: Greenbacker
Renewable Energy Company, LLC

430 West 7th Street

Kansas City, MO 64105-1407

Name	Social Security Number	Date of Birth	Ac	ccount Number (if applicable)
Street Address	City	State	Zip	Phone Number
2: IRA BENEFICIARY INFORMATIO	N (Complete ONLY for a death wi	thdrawal)		
Name	Social Security Number	Date of Birth		ccount Number (if applicable)
Street Address	City	State	Zip	Phone Number
3: WITHDRAWAL INSTRUCTIONS				
$\ \square$ I wish to redeem my entire			/ // - f - l- ·	
☐ I wish to redeem my entire ☐ I wish to make a one-time ☐ Option 2. Required Minimum D ☐ I wish to make a one-time w ☐ I wish to have my RMD for ** The interest rate and annual percenta	e account.  , partial withdrawal of \$	or	Owners ago nt of \$ nd distribut ded and cre	ge 70 1/2 or older): distributed per my instructions in Step 5. ed per my instructions in Step 5. dited on the last day of each calendar month. The

\*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.

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tep 5: PAYMENT METHOD	
□ Mail check to the address currently on file. (Signature Cuarantee requ	virad if address changed within 20 days l
<ul> <li>Mail check to the address currently on file. (Signature Guarantee requ</li> <li>Electronically transfer funds by ACH to my bank. (Voided check is req</li> </ul>	
Deposit cash into my Undirected Cash Account. (This is not a taxable	
☐ Transfer in Kind my shares to my non-qualified account; Existing Account;	
☐ Create New Account (Submit new subscription document if non-qua	·
☐ Transfer in Kind my shares to my IRA; Existing Account Number	
$\Box$ Create New Account (Must complete an IRA Application to crea	ate a new account for Recharacterization or Roth Conversions).
$\ \square$ Mail check to a third party listed below. (This will be coded as a tax	cable distribution.)
For this payment method, the form must be signed and Signature	
Guaranteed. Please note that this form cannot be notarized.	
	Signature Guarantee
Payee or Account Name	Account Number
Address	
p 6: Income tax witholding (this section must be completed*) (fo	rm W-4P/OMB No .1545-0415)
* Except for a distribution from a Roth IRA or for a return of excess cor	ntribution.
In compliance with the "Tay Equity and Figure Despensibility Act " First T	rust Patirament, as quatadian is required to withhold Faderal
In compliance with the "Tax Equity and Fiscal Responsibility Act," First Tr Income Tax from all IRA distributions. You may exercise your right to ele	
you change it. You may change or revoke this election at any time are	nd 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 Income Taxes cannot be withheld from your distribution. Please note that	t penalties may be incurred under the estimated tax rules if your
withholding and/or estimated tax payments are not sufficient. Please not	e that withholding cannot be done for Transfers-in-Kind and
transfers to non-qualified accounts.	
□ Do not withhold taxes.	
$\square$ Withhold% from the amount withdrawn (must be at I	east 10%).
p 7: SUBSTITUTE W-9:	
I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identificat	ion number shown on the Transfer Agreement is true
correct and complete, (ii) that I am not subject to backup withholding e	
backup withholding as a result of a failure to report all interest or distribut	ions, or the Internal Revenue Service has notified me that I
am no longer subject to backup withholding, and (iii) I am a U.S. person.	
8: 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*) *If signing as Power of Attorney, valid POA documents must be included.	Date