

## WITHDRAWAL/RMD REQUEST



## **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 219133

Overnight Delivery
Mail Stop: Griffin Capital

Kansas City, MO 64121-9133 855-387-3847 430 West 7th Street Kansas City, MO 64105-1407

p 1: IRA OWNER INFORMATION					
Name	Social Security Number	Date of Birth	Existir	existing Account Number (If known)	
Street Address	City	State	Zip	Phone Number	
2: IRA BENEFICIARY INFORMATION (C	omplete ONLY for a death distribution.)				
Name	Social Security Number	Date of Birth	Existir	ng Account Number (If known)	
Street Address	City	State	Zip	Phone Number	
p 3: WITHDRAWAL INSTRUCTIONS					
their prospectuses for details or call Gri	state Fund*   Griffin-Benefit Street occssed in accordance with their respective	Partners BDC* Share Redemption P	☐ Under Discussion ☐ Under Disc		
•	eater, a Signature Guarantee is required in		it iiictiiou iii step s	'1	
☐ I wish to redeem my entire	- · · · · · · · · · · · · · · · · · · ·	step s.			
	partial withdrawal of \$ or _	(# c	of shares) from my	account	
	ition (RMD) Options (for Traditional or SEP				
				distributed per my instructions in Step 5.	
	(year) calculated by the Cu				
			n the last day of each	calendar month. The daily balance method is used to	
ep 4: REASON FOR WITHDRAWAL	The bank deposit is insured up to applicable FDIC	. IIIIIICS.			
Withdrawal from a TRADITIONAL or S	EDIDA				
	ount holder must be under age 59 1/2 - IRS p	penalty applies unles	s rollover occurs w	rithin 60 days)	
	on (Including Permanent Disability, SEPP, ar				
	t holder age 59 1/2 or over; includes Requir				
☐ Death (If not already in a Be	neficiary IRA: Must provide a certified copy	of the account holde	er's Death Certifica	te)	
<ul> <li>Return of Excess Contribution</li> </ul>	n: For what year was the contribution made	e? 🗆 Current Year 🗆	Prior Year*		
Excess Contribution Amo					
	tyear was the contribution made? $\Box$ Curren	t Year 🗌 Prior Year*	:		
	ount \$				
☐ Direct Roth IRA Conversion A	· · · · · · · · · · · · · · · · · · ·				
			-	n NOW account until the TOA paperwork is rece	
			cepting custodian	and complete their transfer (TOA) paperwork.	
Wedamon Signature Guaran	tee stamp may be required on their transfe	a jorni.			
Withdrawal from a ROTH IRA					
	ount holder must be under age 59 1/2 - IRS p	penalty applies unles	s rollover occurs w	vithin 60 days)	
☐ Premature Exempt Distributi	on (Including Permanent Disability, SEPP, ar	nd other identified 72	2 (t) qualified excep	otions. Documentary evidence is required.)	
<ul> <li>Normal Distribution (Account</li> </ul>	t holder age 59 1/2 or over)				
	neficiary IRA: Must provide a certified copy			ite)	
	n: For what year was the contribution made	e?   Current Year	Prior Year*		
	nount\$				
	tyear was the contribution made? $\square$ Curren unt $\$	t Year ⊔ Prior Year*	•		
☐ IRA Trustee to Trustee transf	er**- Liquidate and move proceeds to NOV	V account (Proceeds	will remain in NOV	V account unless TOA paperwork is received).	
Please note that if requestin		eed to contact the ac		and complete their transfer (TOA) paperwork	
_		-		ne (for the tax year of the contribution), plus a	

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



## WITHDRAWAL/RMD REQUEST



☐ Mail check to the address currently on file. (Signature Guarantee required if addre	ss changed within 30 days.)
☐ Electronically transfer funds by ACH to my bank. (Voided check is required for new	
☐ Deposit cash into my Undirected Cash Account. ( <i>This is not a taxable distribution</i> .)	, , ,
☐ Transfer in Kind my shares to my non-qualified account; Existing Account Number	
	<del></del>
☐ Create New Account. (Submit new subscription document if non-qualified acc	
☐ Transfer in Kind my shares to my IRA; Existing Account Number	
☐ Create New Account. (Must complete an IRA Application to create a new acco	
<ul> <li>Mail check to a third party listed below. (This will be coded as a taxable distributio method. Please note that this form cannot be notarized.</li> </ul>	n.) Form must be signed and Signature Guaranteed for this payment
method. Flease note that this form cannot be notalized.	
	Signature Guarantee
	Signature duarantee
Payee or Account Name	Account Number
Address	
tep 6: INCOME TAX WITHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4P/O	MB 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 Retirem distributions. You may exercise your right to elect not to have funds withheld. This e	
at any time and as often as you wish. You may elect out of this withholding by check	
required to withhold 10% Federal Income Tax. State Income Taxes cannot be withh	·
estimated tax rules if your withholding and/or estimated tax payments are not suffic	cient.
Please note that withholding cannot be done for Transfers-in-Kind or Transfers to	
· · · · · · · · · · · · · · · · · · ·	Non-Qualified accounts.
, and the second	Non-Qualified accounts.
☐ Do not withhold taxes.	Non-Qualified accounts.
	Non-Qualified accounts.
☐ Do not withhold taxes. ☐ Withhold% from the amount withdrawn (must be at least 10%).	Non-Qualified accounts.
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☐ Do not withhold taxes. ☐ Withhold% from the amount withdrawn (must be at least 10%).	
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