

INCOME DISTRIBUTION REQUEST FORM

Highland Capital Management

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

PO Box 219630 Mail Stop: NexPoint Advisors

Kansas City, MO 64121-9630 430 West 7th Street

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

ep 1: IRA OWNER INFORMATION					
Name	Social Security Number	Date of Birth	Accour	nt Number (If known)	
Street Address	City	State	Zip	Phone Number	
ep 2: INCOME DISTRIBUTION INSTRUCTIONS*					
Product: NexPoint Capital, Inc.*					
— Wext only capital, me.					
*Income distributions for Highland Capital Management are processed in accordance with their respective distribution programs and are subject to availability.					
Please review their prospectuses for frequency and availability details or call Highland Capital Management at 844-485-9167.					
□ Please pay out my income distributions. (Select distribution type in step 3 and payment method in Step 4)					
To participate in the Distribution Reinvestment	Plan (DRP), it must be indicated on the	e applicable Subs	cription Agreeme	ent or product sponsor update form.	
p 3: INCOME DISTRIBUTION REPORTING					
custodian OR must include the custod	r must be under age 59 1/2 - IRS penalting Permanent Disability, SEPP, and othige 59 1/2 or over; includes Required MRA: Must provide a certified copy of the fer (Non-Taxable). For a Trustee to Trustee	ty applies unless r ner identified 72 (1 linimum Distribut e account holder's	i) qualified excep ions) s Death Certificat	tions. Documentary evidence is required.)	
ep 4: PAYMENT INSTRUCTIONS					
☐ Mail check to the address currently on file.					
☐ Electronically deposit by ACH to my bank. (A voided check 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 coded as a taxable distribution.)					
☐ Transfer my income distributions to the cust		tee			
transfer. (This will be coded as a non-taxable For a Trustee to Trustee transfer, this form Guaranteed by accepting custodian OR mus signed Letter of Acceptance. This custodial time of distribution establishment. Please r notarized.	must be signed and Signature at include the custodian's sign off is only required at				
			Si	gnature Guarantee	
Payee or Account Name		Accou	unt Number		
Address					
Accepting Custodian Sign off					



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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 under the 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					