

WITHDRAWAL/RMD REQUEST FORM

Highland Capital Management

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

Regular Mail PO Box 219630

Mail Stop: NexPoint Advisors Kansas City, MO 64121-9630 430 West 7th Street

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

Name Social Security Number Date of Birth Existing Account Number (If known) Street Address City State Zip Phone Number **Redemptions for Highland Capital Management are processed in accordance with their respective Share Redemption Programs and are subject to availability. Please review their prospectuses for details or call Highland Capital Management at 844-485-9167. Option 1. Please indicate one of the following options: (Select withdrawal type in step 4 and payment method in Step 5) If withdrawal is for \$100,000 or greater, a Signature Guarantee is required in Step 5. I wish to redeem my entire account. I wish to make a one-time, partial withdrawal of \$\sqrt{\s	Name	Social Security Number	Date of Birth		Existing Account Number (If known)
Street Address	Street Address	City	State	Zip	Phone Number
Product: Redemption Capital, Inc.* Undirected Cash Account ** Redemptions for Highland Capital Management are processed in accordance with their respective Share Redemption Programs and are subject to availability. Please review their prospectuses for details or coil Highland Capital Management at 844-485-9167. Option 1. Please indicate one of the following options: (Select withdrawal type in step 4 and payment method in Step 5) Ji with to redeem my entire account. I wish to redeem my entire account. I wish to redeem my entire account. I wish to make a one-time, partial withdrawal of \$ or (Wear) in the amount of \$ without the provided Minimum Distribution (RMD) Options (for Traditional or SEP IRA Owners age 70 1/2 or older): I wish to make a one-time withdrawal of my RMD for (Year) calculated by the Custodian and distributed per my instructions in Step 5. With to have my RMD for (Year) calculated by the Custodian and distributed per my instructions in Step 5. With to have my RMD for (Year) calculated by the Custodian and distributed per my instructions in Step 5. Withdrawal from a manual percentage yield may change at any time. Interest will be compounded and credited on the lost day of each calendor month. The daily balance method is accounted the interest on cash in the account. The bank depost is insured up to applicable FDC limits. Premature Distribution (Account holder must be under age 59 1/2 - IRS penalty applies unless rollover occurs within 60 days) Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. Documentary evidence is require Normal Distribution (Account holder age 59 1/2 or over) Return of Excess Contribution. For what year was the contribution made? Current Year Prior Year* Recharacterization Amount \$ Return of Excess Contribution (Account holder age 59 1/2 or over) Penature Distribution (Account holder must be under age 59 1/2 or over) Penature Distribution (Account holder age	2: IRA BENEFICIARY INFORMATION (Cor	mplete ONLY for a death distribution.)			
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Product:	Name	Social Security Number	Date of Birth		Existing Account Number (If known)
Product: NewPoint Capital, Inc.* Undirected Cash Account ** **Redemptions for Highland Capital Management are processed in accordance with their respective Share Redemption Programs and are subject to availability. Please review their prospectuses for details or call Highland Capital Management at 844-485-9167. Option 1. Please indicate one of the following options: (Select withdrawal type in step 4 and payment method in Step 5) If withdrawal is for \$100,000 or greater, a Signature Guarantee is required in Step 5. I wish to redeem my entire account. Wish to make a one-time, partial withdrawal of \$	Street Address	City	State	Zip	Phone Number
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Please note that if requesting an IRA Trustee to Trustee transfer you need to contact the accepting custodian and complete their transfer (TOA) pape	□ Death (If not already in a Bene □ Return of Excess Contribution:	rolder age 59 1/2 or over; includes Requieficiary IRA: Must provide a certified copy. For what year was the contribution made ant \$	red Minimum Distribution of the account holder of the account holder of the account (Proceeds were to contact the account of the account of the account of the account holder of the account of the account holder of the account holder of the account	vilions) "s Death Prior Yea vill be deperting cu rollover (t) qualif r's Death Prior Yea vill remain	Certificate) r* cosited in NOW account until the TOA paperwork is restodian and complete their transfer (TOA) paperwork occurs within 60 days) ied exceptions. Documentary evidence is required.) Certificate) * n in NOW account unless TOA paperwork is received)

*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.



WITHDRAWAL/RMD REQUEST FORM

Highland Capital Management

tep 5: PAYMENT METHOD
Mail check to the address currently on file. (Signature Guarantee required if address changed within 30 days.) Electronically transfer funds by ACH to my bank. (Voided check is required for new instructions. Signature Guarantee required if adding bank within 30 days.) Deposit cash into my Undirected Cash Account. (This is not a taxable distribution.) Transfer in Kind my shares to my non-qualified account; Existing Account Number
Signature Guarantee
Payee or Account Name Account Number
Address
tep 6: INCOME TAX WITHOLDING (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.
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 7: SUBSTITUTE W-9:
HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on the Transfer Agreement is true, correct and complete, (ii) that I am not subject be backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or distributions, or the naternal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person.
tep 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.