

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

<u>Regular Mail</u> PO Box 219476

Kansas City, MO 64121-9476

First Trust Retirement

Customer Service: 855-387-3847

Overnight Delivery Mail Stop: ICON Capital, LLC. 430 West 7th Street

Kansas City, MO 64105-1407

Name	Social Security Number	Date of Birth		Existing Account Number (If known)
-				
Street Address tep 2: IRA BENEFICIARY INFORMATION (Com	City	State	Zip	Phone Number
tep 2: TRA BENEFICIARY INFORMATION (COM	piete ONLY for a death distribution.)			
				
Name	Social Security Number	Date of Birth		Existing Account Number (If known)
Street Address tep 3: WITHDRAWAL INSTRUCTIONS	City	State	Zip	Phone Number
•				
Product:				
□ CĪON Investment Corporation*	☐ Undirected Cash**	in Chara Dadamatian	D	and are a biast to a cilebility. Blacks as in-
		іче зпаге кеаетриоп	Programs	and are subject to availability. Please review
their prospectuses for details or call ICON	•			C: 7)
Option 1. Please indicate one of the follow	= :		method in	1 Step 5)
	er, a Signature Guarantee is required in	Step 5.		
☐ I wish to redeem my entire acc				
	tial withdrawal of \$ or _			
Option 2. Required Minimum Distributio		_		
				distributed per my instructions in Step 5.
I wish to have my RMD for	(year) calculated by the Cu	istodian and distribute	ed per my	instructions in Step 5.
**The interest rate and annual percentage yield	may change at any time. Interest will be comp	oounded and credited on	the last day	of each calendar month. The daily balance method is used to
calculate the interest on cash in the account. Th	e bank deposit is insured up to applicable FDIC	limits.	•	
Withdrawal from a TRADITIONAL or SEP	IDΛ			
	t holder must be under age 59 1/2 - IRS p	nenalty annlies unless	rollover or	ccurs within 60 days)
				d exceptions. Documentary evidence is required.)
	older age 59 1/2 or over; includes Requir			
Death (If not already in a Benef	iciary IRA: Must provide a certified copy	of the account holder	's Death Co	ertificate)
	or what year was the contribution made	? 🗆 Current Year 🗆 🛭	Prior Year*	*
Excess Contribution Amour				
· · · · · · · · · · · · · · · · · · ·	ar was the contribution made? Current	t Year 🗆 Prior Year*		
Recharacterization Amount				
☐ Direct Roth IRA Conversion Amo		racted Cach account (Dracaday	will be deposited in Undirected Cash account until the TO
paperwork is received).	- Liquidate and move proceeds to oridi	rected Cash account (i	Proceeds v	will be deposited in Ondirected Cash account until the TC
	n IRA Trustee to Trustee transfer vou ne	ed to contact the acce	eptina cust	todian and complete their transfer (TOA) paperwork. A
	stamp may be required on their transfe		, y	, , , , , , , , , , , , , , , , , ,
Withdrawal from a ROTH IRA	t holder must be under age 59 1/2 - IRS p	analty annline unlace	rallavar a	sours within 60 days)
,				d exceptions. Documentary evidence is required.)
☐ Normal Distribution (Account he	-	ia other lacintinea / 2 ((t) quaime	a exceptions. Bocumentary evidence is required.
•	iciary IRA: Must provide a certified copy	of the account holder	's Death C	Certificate)
	or what year was the contribution made			
Excess Contribution Amou	•			
	ar was the contribution made? \square Curren	t Year 🗆 Prior Year*		
Recharacterization Amount	\$			
	*- Liquidate and move proceeds to Undi	rected Cash account (I	Proceeds v	will remain in Undirected Cash account unless TOA
paperwork is received).	n IPA Trustee to Trustee transfer vou no	ed to contact the acc	ontina cuc	todian and complete their transfer (TOA) paperwork. A
	stamp may be required on their transfe		cpung cus	todian and complete their transfer (10A) paperwork. A
	,,			

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



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Step 5: PAYMENT METHOD	
 □ Mail check to the address currently on file. (Signature Guarantee required if) □ Electronically transfer funds by ACH to my bank. (Voided check is required for Deposit cash into my Undirected Cash Account. (This is not a taxable distrib) □ Transfer in Kind my shares to my non-qualified account; Existing Account Note and Create New Account. (Submit new subscription document if non-quality) □ Transfer in Kind my shares to my IRA; Existing Account Number and Create New Account. (Must complete an IRA Application to create a new Mail check to a third party listed below. (This will be coded as a taxable distingtion of the code in the	or new instructions. Signature Guarantee required if adding bank within 30 days.) uution.) umber fied account does not exist. See product prospectus for requirements.) ew account for Recharacterization or Roth Conversions).
Payee or Account Name	Account Number
Address	
Step 6: INCOME TAX WITHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W	J-4P/OMB No .1545-0415)
* Except for a distribution from a Roth IRA or for a return of excess contributi	on.
distributions. You may exercise your right to elect not to have funds withheld at any time and as often as you wish. You may elect out of this withholding by	tetirement, as custodian, is required to withhold Federal Income Tax from all IRA. This election will be in effect until you change it. You may change or revoke this election of checking the appropriate box below. If no election is made, First Trust Retirement is e withheld from your distribution. Please note that penalties may be incurred under the st sufficient.
Please note that withholding cannot be done for Transfers-in-Kind or Transf	ers to Non-Qualified accounts.
☐ Do not withhold taxes. ☐ Withhold% from the amount withdrawn (must be at least 10%)	s).
Step 7: SUBSTITUTE W-9:	
	er shown on the Transfer Agreement is true, correct and complete, (ii) that I am not subject tackup withholding as a result of a failure to report all interest or distributions, or the holding, and (iii) I am a U.S. person.
Step 8: SIGNATURE	
By signing below, I certify that the information I have provided is true and cor	rect, 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