

WITHDRAWAL/RMD REQUEST FORM For IRA Distributions Jones Lang LaSalle Income Party Trust

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 Overnight Delivery

PO Box 219165 Mail Stop: LaSalle Kansas City, MO 64121-9165 430 West 7th Street

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

		_		
Name	Social Security Number	Date of Birth	Existi	ng Account Number (If known)
Street Address	City	State	Zip	Phone Number
tep 2: IRA BENEFICIARY INFORMATION (Con	plete ONLY for a death distribution.)			
Name	Social Security Number	Date of Birth	Existi	ng Account Number (If known)
Street Address	City	 State	Zip	Phone Number
ep 3: WITHDRAWAL INSTRUCTIONS	enery .	o tute	p	There warned
I wish to redeem my entire ac I wish to make a one-time, pa Option 2. Required Minimum Distribution I wish to make a one-time wito I wish to have my RMD for	ome Property Trust are processed in accordances for details or call Jones Lang LaSalle Interpretation of Select withdrawal type inter, a Signature Guarantee is required in count. Trial withdrawal of \$ or Con (RMD) Options (for Traditional or SEP) hdrawal of my RMD for (year) calculated by the Content of the bank deposit is insured up to applicable FDICE.	dance with their respendence Property Trust of the step 4 and payment of Step 5. [# of IRA Owners age 70 1, (year) in the amount of the step 1, and the step 1, and the step 2, and the step 2, and the step 3, and the step 3, and the step 3, and the step 3, and the step 4 and the step 3, and the step 3, and the step 4 and the step 3, and the step 4 a	at 855-652-0277. method in Step 9 shares) from my /2 or older): of \$ ed per my instruction	account distributed per my instructions in Step 5.
□ Premature Exempt Distribution □ Normal Distribution (Account h □ Death (If not already in a Bene □ Return of Excess Contribution: Excess Contribution Amou □ Recharacterization: For what y Recharacterization Amour □ Direct Roth IRA Conversion Am □ IRA Trustee to Trustee transfer Please note that if requesting of	nt holder must be under age 59 1/2 - IRS (Including Permanent Disability, SEPP, ai older age 59 1/2 or over; includes Requii ficiary IRA: Must provide a certified copy For what year was the contribution made int \$ ear was the contribution made? Curren it \$ ount \$ ear. **- Liquidate and move proceeds to NOV	nd other identified 72 red Minimum Distribu of the account holder e?	(t) qualified exce itions) 's Death Certifica Prior Year* fill be deposited i	ptions. Documentary evidence is required.)
 □ Premature Exempt Distribution □ Normal Distribution (Account h □ Death (If not already in a Bene □ Return of Excess Contribution: Excess Contribution Amo □ Recharacterization: For what y Recharacterization Amour □ IRA Trustee to Trustee transfer Please note that if requesting 	nolder age 59 1/2 or over) ficiary IRA: Must provide a certified copy For what year was the contribution made unt \$ ear was the contribution made? Curren t \$ **- Liquidate and move proceeds to NOV	nd other identified 72 of the account holder e? Current Year F it Year Prior Year* V account (Proceeds wered to contact the account the accou	(t) qualified exce r's Death Certifica Prior Year* rill remain in NOV	ptions. Documentary evidence is required.)

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 Guarantee required if address of Electronically transfer funds by ACH to my bank. (Voided check is required for new inst □ 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 □ Create New Account. (Submit new subscription document if non-qualified account □ Transfer in Kind my shares to my IRA; Existing Account Number □ Create New Account. (Must complete an IRA Application to create a new account □ Mail check to a third party listed below. (This will be coded as a taxable distribution.) If method. Please note that this form cannot be notarized. 	ructions. Signature Guarantee required if adding bank within 30 days.) nt does not exist. See product prospectus for requirements.) t for Recharacterization or Roth Conversions).
	Signature Guarantee
Device on Associate Maria	A constability of the cons
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, distributions. You may exercise your right to elect not to have funds withheld. This elect at any time and as often as you wish. You may elect out of this withholding by checking required to withhold 10% Federal Income Tax. State Income Taxes cannot be withheld estimated tax rules if your withholding and/or estimated tax payments are not sufficient	ion will be in effect until you change it. You may change or revoke this election the appropriate box below. If no election is made, First Trust Retirement is from your distribution. Please note that penalties may be incurred under the
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 o o backup withholding either because I have not been notified that I am subject to backup with nternal Revenue Service has notified me that I am no longer subject to backup withholding, ar	nholding as a result of a failure to report all interest or distributions, or the
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.
100 O code Street or forethere the first to the street of	Dub
IRA Owner's Signature (or other authorized person*) * If signing as Power of Attorney, valid POA documents must be included.	Date