

# INCOME DISTRIBUTIONS REQUEST FORM



#### **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.

<u>Regular Mail</u>
PO Box 219002

<u>Overnight Delivery</u>
Mail Stop: Lightsto

Kansas City, MO 64121-9002

888-808-7348

Mail Stop: Lightstone Group REIT 430 West 7th Street Kansas City, MO 64105-1407

| ep 1: IRA OWNER INFORMATION  |   |  |   |  |  |
|--|---|--|---|--|--|
|  |   |  |   |  |  |
| Name   | Social Security Number  | Date of Birth  | Accou   | unt Number (If known)                      |  |
| Street Address   | City  | Ctata  | 7in   | Dhana Number                               |  |
| Street Address   | City  | State  | Zip   | Phone Number                               |  |
| ep 2: INCOME DISTRIBUTION INSTRUCTIONS*  |   |  |   |  |  |
| Product:  Lightstone Value Plus Real Estate Investmen  | nt Trust. Inc.*   Lightstone V  | alue Plus Real Esta  | ite Investment Ti   | rust III. Inc.*                            |  |
| ☐ Lightstone Value Plus Real Estate Investment Trust II, Inc.* ☐ Lightstone Real Estate Income Trust, Inc.*  |   |  |   |  |  |
| *Income distributions for Lightstone Group REIT 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 Lightstone Group REIT at 888-808-7348.  |   |  |   |  |  |
| ☐ Please pay out my income distributions. (\$6   | elect distribution type in step 3 and   | payment method i   | in Step 4)  |  |  |
| To participate in the Distribution Reinvestment  | Plan (DRP), it must be indicated on t   | he applicable Sub  | scription Agreen  | nent or product sponsor update form.       |  |
| ep 3: INCOME DISTRIBUTION REPORTING  |   |  |   |  |  |
| <ul> <li>Normal Distribution (Account holder ag</li> <li>Death (If not already in a Beneficiary II</li> <li>IRA Trustee to Trustee Custodial Transficustodian OR must include the custodian</li> </ul>                                   | r must be under age 59 1/2 - IRS pending Permanent Disability, SEPP, and onge 59 1/2 or over; includes Required RA: Must provide a certified copy of the (Non-Taxable). For a Trustee to Tr | alty applies unless<br>ther identified 72 (<br>Minimum Distribu<br>he account holder | (t) qualified exce<br><b>tions)</b><br>'s Death Certifica | ptions. 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. (T  |   |  |   |  |  |
| ☐ Mail check to a third party listed below. (This  |   |  |   |  |  |
| ☐ Transfer my income distributions to the custo  |   | stee   |   |  |  |
| 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<br>at include the custodian's<br>sign off is only required at  |  |   |  |  |
|  |   |  | S   | Signature Guarantee                        |  |
|  |   |  |   |  |  |
| Payee or Account Name  |   | Acco   | unt Number  |  |  |
|  |   |  |   |  |  |
| Address  |   |  |   |  |  |
| Accepting Custodian Sign off   |   |  |   |  |  |



## **INCOME DISTRIBUTIONS REQUEST FORM**



### 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. |
|-------|--|
|       | Please note that withholding cannot be done for Transfers-in-Kind or Transfers to Non-Qualified accounts.  |
|       | ☐ Do not withhold taxes.   |
|       | $\square$ 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.  |
|       |  |