

INCOME DISTRIBUTION REQUEST FORM

Monogram Residential Trust, Inc.

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
PO Box 219722
Kansas City, MO 64121- 9722

855-387-3847

Mail Stop: Monogram 430 West 7th Street Ste 219722

Overnight Delivery

Kansas City, MO 64105-1407

p 1: IRA OWNER INFORMATION				
•				
Name	Social Security Number	Date of Birth	Acco	unt Number (If known)
				,
Street Address	City	State	Zip	Phone Number
	•			
product:				
☐ Monogram Residential Trust, Inc.*				
*Income distributions for Monogram Residential	Trust, Inc. are processed in accordance	with their respec	tive distribution	programs and are subject to
availability. Please review their prospectuses for f		_		c. at 844-391-3033.
 Please pay out my income distributions. (See 	elect distribution type in step 3 and pa	yment method	in Step 4)	
To participate in the Distribution Reinvestment	Plan (DRP), it must be indicated on the	applicable Sub	scription Agreen	nent or product sponsor update form.
p 3: INCOME DISTRIBUTION REPORTING				
Distribution from a: ☐ TRADITIONAL ☐ RO	OTH SEP IRA Inherited IRA	١		
☐ Premature Distribution (Account holde	_			
 Premature Exempt Distribution (Including the Including the	,, ,			eptions. Documentary evidence is required.)
☐ Death (If not already in a Beneficiary II	•		•	ate)
	· ·	tee transfer, thi	s form must be	signed and Signature Guaranteed by accepting
custodian OR must include the custod p 4: PAYMENT INSTRUCTIONS	ian's signed Letter of Acceptance.			
p 4. PATMENT INSTRUCTIONS				
☐ Mail check to the address currently on file.				
Electronically deposit by ACH to my bank. (A	·			
☐ Deposit into my Undirected Cash Account. (T				
☐ Mail check to a third party listed below. (This				1
☐ Transfer my income distributions to the custo		ee		
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 s				
time of distribution establishment. Please n notarized.	ote that this form cannot be			
notarizea.				
			9	Signature Guarantee
Payee or Account Name		Acco	ount Number	
.,				
Address				

Accepting Custodian Sign off



INCOME DISTRIBUTION REQUEST FORM Monogram Residential Trust, Inc.

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.
	IRA Owner's Signature (or other authorized person) Date