

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 219768
Kansas City, MO 64121-9768
866-655-3650

Overnight Delivery
Mail Stop: Provasi
430 West 7th Street
Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION

_____ Name	_____ Social Security Number	_____ Date of Birth	_____ Account Number (If known)	
_____ Street Address	_____ City	_____ State	_____ Zip	_____ Phone Number

Step 2: INCOME DISTRIBUTION INSTRUCTIONS*

Product:

- Fund Name _____ * Fund Name _____ *

**Income distributions for Provasi 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 Provasi at 866-655-3650.*

- Please pay out my income distributions. (Select distribution type in step 3 and payment method in Step 4)

To participate in the Distribution Reinvestment Plan (DRP), it must be indicated on the applicable Subscription Agreement or product sponsor update form.

Step 3: INCOME DISTRIBUTION REPORTING

Distribution from a: TRADITIONAL ROTH SEP IRA Inherited IRA

- Early Distribution (Account holder must be under age 59 1/2- IRS penalty applies unless rollover occurs within 60 days)
- Normal Distribution (Account holder age 59 1/2 or over; **includes Required Minimum Distributions**)
- Permanent Disability (Account holder meets disability qualifications under Section 72(m)(7) of IRS Code, documentary proof may be required.)
- Death (Income distributions must be distributed from an Inherited IRA.)
- IRA Trustee to Trustee Custodial Transfer (Non-Taxable). **For a Trustee to Trustee transfer, this form must be signed and Signature Guaranteed by accepting custodian OR must include the custodian's signed Letter of Acceptance.**

Step 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. (This is not a taxable distribution.)
- Mail check to a third party listed below. (This will be coded as a taxable distribution.)
- Transfer my income distributions to the custodian listed below as a Trustee to Trustee transfer. (This will be coded as a non-taxable distribution.)

For a Trustee to Trustee transfer, this form must be signed and Signature Guaranteed by accepting custodian OR must include the custodian's signed Letter of Acceptance. This custodial sign off is only required at time of distribution establishment. Please note that this form cannot be notarized.

Signature Guarantee

_____ Payee or Account Name	_____ Account Number
_____ Address	
_____ Accepting Custodian Sign off	

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.
- Withhold _____% from the amount withdrawn (must be at least 10%).

Step 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