

## WITHDRAWAL/RMD REQUEST FORM For IRA Distributions



Mail Stop: Provasi

## **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 219768 Kansas City, MO 64121-9768

866-655-3650

430 West 7th Street Kansas City, MO 64105-1407

tep 1: IRA OWNER INFORMATION	N .			
Name	Social Security Number	Date of Birth		g Account Number (If known)
Tune	Social Security Number	Date of Birth	EXISTIT	6 recount runner (ii known)
Street Address	City	State	Zip	Phone Number
tep 2: IRA BENEFICIARY INFORMA	ATION (Complete ONLY for a death distribution.)			
		_		
Name	Social Security Number	Date of Birth	Existin	g Account Number (If known)
Street Address	City	 State	Zip	Phone Number
itep 3: WITHDRAWAL INSTRUCTIO		State	Zip	FIIOHE Number
•				
Product:  — Fund Name	* □ Fund Name	*	□ Und	lirected Cash Account **
-	processed in accordance with their respective Share	e Redemption Programs	and are subject to	o availability. Please review their
prospectuses for details or call	l Provasi at 866-655-3650.			
Option 1. Please indicate one	of the following options: (Select withdrawal type $$	in step 4 and payment	method in Step 5	
If withdrawal is for \$100,0	000 or greater, a Signature Guarantee is required i	in Step 5.		
I wish to redeem m	ny entire account.			
I wish to make a or	ne-time, partial withdrawal of \$ or	r (# of	shares) from my a	account
	n Distribution (RMD) Options (for Traditional or SE			
	ne-time withdrawal of my RMD for			distributed per my instructions in Step 5.
	RMD for (year) calculated by the			
i wish to have my h	(year) calculated by the	Custodian and distribute	eu per my mstruct	nons in step 3.
	rcentage yield may change at any time. Interest will be con		the last day of each	calendar month. The daily balance method is used to
	e account. The bank deposit is insured up to applicable FD	OIC limits.		
Step 4: REASON FOR WITHDRAWA	AL.			
Withdrawal from a TRADITIO	NAL or SEP IRA			
Premature Distribut	ion (Account holder must be under age 59 1/2 - IRS	S penalty applies unless	rollover occurs wi	thin 60 days)
	Distribution (Including Permanent Disability, SEPP,			
	(Account holder age 59 1/2 or over; includes Requ			, , ,
	y in a Beneficiary IRA: Must provide a certified cop			re)
	ntribution: For what year was the contribution mad	·		
	ution Amount \$	ac. E carrent rear E i	Thor rear	
	For what year was the contribution made?   Curre	ent Vear  Prior Vear*		
	tion Amount \$	int rear - Thor rear		
	version Amount \$			
	ee transfer**- Liquidate and move proceeds to NO	NA account (Procoods w	ill be denocited in	NOW account until the TOA paperwork is receive
	·	•		
•	equesting an IRA Trustee to Trustee transfer you n e Guarantee stamp may be required on their trans		epting custodian d	ina complete their transfer (10A) paperwork. A
Wedamon signature	durance stamp may be required on their trains	jer jorni.		
Withdrawal from a ROTH IRA				
Premature Distribut	ion (Account holder must be under age 59 1/2 - IRS	S penalty applies unless	rollover occurs wi	ithin 60 days)
Premature Exempt I	Distribution (Including Permanent Disability, SEPP,	and other identified 72	(t) qualified excep	tions. Documentary evidence is required.)
<ul> <li>Normal Distribution</li> </ul>	(Account holder age 59 1/2 or over)			
	ly in a Beneficiary IRA: Must provide a certified cop	by of the account holder	r's Death Certificat	te)
<ul><li>Return of Excess Co</li></ul>	ntribution: For what year was the contribution mad	de? 🗆 Current Year 🗆 P	Prior Year*	
Excess Contrib	oution Amount \$			
	For what year was the contribution made?   Curre	ent Year 🗆 Prior Year*		
	tion Amount \$			
	ee transfer**- Liquidate and move proceeds to NO	)W account (Proceeds w	vill remain in NOW	account unless TOA paperwork is received).
	requesting an IRA Trustee to Trustee transfer you			
	Guarantee stamp may be required on their trans			
*Doodling to rocker	octoriza a contribution or romava an avecas contrib	hutian is the IRA Owner	's tay filing doadlir	on (for the tax year of the contribution) plus any

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



## WITHDRAWAL/RMD REQUEST FORM For IRA Distributions



Step 5: PAYMENT METHOD	
<ul> <li>□ Mail check to the address currently on file. (Signature Guarantee required if and 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 distribut. □ Transfer in Kind my shares to my non-qualified account; Existing Account Num □ Create New Account. (Submit new subscription document if non-qualified □ Transfer in Kind my shares to my IRA; Existing Account Number □ 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 distributed).</li> <li>□ Mail check to a third party listed below. (This will be notarized).</li> </ul>	new instructions. Signature Guarantee required if adding bank within 30 days.) ion.)  nber d account does not exist. See product prospectus for requirements.) account for Recharacterization or Roth Conversions).
Payee or Account Name Address	Account Number
Step 6: INCOME TAX WITHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4	P/OMB No .1545-0415)
* Except for a distribution from a Roth IRA or for a return of excess contribution	
at any time and as often as you wish. You may elect out of this withholding by cl	his election will be in effect until you change it. You may change or revoke this election hecking the appropriate box below. If no election is made, First Trust Retirement is withheld from your distribution. Please note that penalties may be incurred under the
Please note that withholding cannot be done for Transfers-in-Kind or Transfer	s to Non-Qualified accounts.
☐ Do not withhold taxes. ☐ Withhold% from the amount withdrawn (must be at least 10%).	
Step 7: SUBSTITUTE W-9:	
I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification numbers to backup withholding either because I have not been notified that I am subject to bac Internal Revenue Service has notified me that I am no longer subject to backup withho	
Step 8: SIGNATURE	
By signing below, I certify that the information I have provided is true and corre	ct, 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