

## INCOME DISTRIBUTION REQUEST RREEF Property Trust, Inc.

Please Print or Type <u>IMPORTANT INFORMATION</u> : Each alternative investment has specific rules around income distributions, please review the terms and conditions outlined within the specific product prospectus for details.		Forward To: First Trust Retirema <u>Regular Mail</u> PO Box 219731 Kansas City, MO 64121-9731 855.387.3847		ent, c/o DST Systems, Inc. <u>Overnight Delivery</u> Mail Stop: RREEF Property Trust, Inc. 430 West 7th Street Kansas City, MO 64105-1407
tep 1: IRA OWNER INFORMATION				
Name	Social Security Number	Date of Birth	Account N	umber (if applicable)
Street Address	City	State	Zip	Phone Number
To participate in the Distribution sponsor update form. tep 3: INCOME DISTRIBUTION REPOR Distribution from a: TRADIT Premature Distribution (Accourt Premature Exempt Distribution Normal Distribution (Account h Death (If not already in a Benefic IRA Trustee to Trustee Custodial		dicated on the PIRA I I alty applies unless er identified 72 (t) of Minimum Distribu account holder's I transfer, this form r	nherited IRA rollover occurs within qualified exceptions. D ttions) Death Certificate) nust be signed and Sign	60 days) ocumentary evidence is required.)
tep 4: PAYMENT INSTRUCTIONS	_			
<ul> <li>Deposit into my Undirected</li> <li>Mail check to a third party</li> </ul>	CH to my bank (Voided check is requi	red.)		
For a Trustee to Trustee trans Guaranteed by accepting signed Letter of Acceptanc	Cash Account (Not a taxable distribution v listed below (This will be coded as a to ions to the Custodian listed below as a Tru- d as a non-taxable distribution) sfer, this form must be signed and Signatu custodian OR must include the Custodian re. This custodial sign off is only required a ment. Please note that this form cannot be	axable distribut ustee to Trustee ure n's at	ion)	
For a Trustee to Trustee trans Guaranteed by accepting signed Letter of Acceptanc time of distribution establish	Cash Account (Not a taxable distribution r listed below (This will be coded as a to ions to the Custodian listed below as a Tru d as a non-taxable distribution) sfer, this form must be signed and Signatu custodian OR must include the Custodian re. This custodial sign off is only required a	axable distribut ustee to Trustee ure n's at	·	e Guarantee

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.

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 $\Box$  Do not withhold taxes.

 $\Box$  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