WITHDRAWAL/RMD REQUEST



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 Forward To: First Trust Retirement, c/o DST Systems, Inc.

Regular Mail

Overnight Delivery PO Box 219169 Mail Stop: Resource Real estate

Kansas City, MO 64121-9169 855-387-3847

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

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Name	Social Security Number	Date of Birth		Existing Account Number (If known)
Street Address	City	State	Zip	Phone Number
Step 2: IRA BENEFICIARY INFORMATION (Co	mplete ONLY for a death distribution.)			
Name	Social Security Number	Date of Birth		Existing Account Number (If known)
Street Address	City	State	Zip	Phone Number
Step 3: WITHDRAWAL INSTRUCTIONS				
review their prospectuses for details or c Option 1. Please indicate one of the foll	☐ Resource Innovatio are processed in accordance with their respectable Resource Real Estate at 866-469-0129. Illowing options: (Select withdrawal type in ater, a Signature Guarantee is required in	n Office REIT Inc.* pective Share Redempt n step 4 and payment	ion Prog	 □ Resource Real Estate Diversified Income Fund* □ Undirected Cash** rams and are subject to availability. Please in Step 5)
I wish to make a one-time, pa	artial withdrawal of \$ or	(# of	shares) f	rom my account
I wish to make a one-time wiI wish to have my RMD for	(year) calculated by the C	(year) in the amount oustodian and distributed pounded and credited on	of \$ ed per m	distributed per my instructions in Step 5.
 □ Premature Exempt Distributio □ Normal Distribution (Account) □ Death (If not already in a Bendal Return of Excess Contribution:	holder age 59 1/2 or over; includes Requieficiary IRA: Must provide a certified copy: For what year was the contribution made unt \$ vear was the contribution made? Current \$ mount \$ r**- Liquidate and move proceeds to NOV	nd other identified 72 ired Minimum Distributy of the account holder e? Current Year Prior Year* N account (Proceeds wered to contact the access	(t) qualifi i tions) 's Death Prior Yea	ied exceptions. Documentary evidence is required.) Certificate)
 □ Premature Exempt Distribution □ Normal Distribution (Account □ Death (If not already in a Ben □ Return of Excess Contribution Excess Contribution Amount □ Recharacterization: For what y Recharacterization Amount 	holder age 59 1/2 or over) eficiary IRA: Must provide a certified copy : For what year was the contribution made ount \$ year was the contribution made? Current t \$	nd other identified 72 y of the account holder e?	(t) qualifi ''s Death Prior Year	ied exceptions. Documentary evidence is required.) Certificate)

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



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itep 5: PAYMENT METHOD
Mail check to the address currently on file. (Signature Guarantee required if address changed within 30 days.) Electronically transfer funds by ACH to my bank. (Voided check is required for new instructions. Signature Guarantee required if adding bank within 30 days.) Deposit cash into my Undirected Cash Account. (This is not a taxable distribution.) Transfer in Kind my shares to my non-qualified account; Existing Account Number Create New Account. (Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.) Transfer in Kind my shares to my IRA; Existing Account Number Create New Account. (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions). Mail check to a third party listed below. (This will be coded as a taxable distribution.) Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be notarized.
Signature Guarantee
Payee or Account Name Account Number
Address
tep 6: INCOME TAX WITHOLDING (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%).
itep 7: SUBSTITUTE W-9:
HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on the Transfer Agreement is true, correct and complete, (ii) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or distributions, or the internal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person.
itep 8: 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*) * If signing as Power of Attorney, valid POA documents must be included. Date