

WITHDRAWAL/RMD REQUEST Sierra Income Corporation

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

PO Box 219731

Mail Stop: Sierra Incom

PO Box 219731 Mail Stop: Sierra Income Kansas City, MO 64121-9731 Corporation

855.387.3847

430 West 7th Street

Kansas City, MO 64105-1407

Name	Social Security Number	Date of Birth	Acco	Account Number (if applicable)	
Street Address	City	State	Zip	Phone Number	
o 2: IRA BENEFICIARY INFORM	IATION (Complete ONLY for a death wit	thdrawal)			
Name	Social Security Number	Date of Birth	Acco	ount Number (if applicable)	
Street Address	City	State	Zip	Phone Number	
o 3: WITHDRAWAL INSTRUCTIO	DNS				
to availability. Please review the		Corporation at 888- ayment method	292-3178. I in Step 5):	demption Program and are subject	
☐ Option 2. Required Minima ☐ I wish to make a one- ☐ I wish to have my RN ** The interest rate and annual per	thime, partial withdrawal of \$um Distribution (RMD) Options (for Tradition withdrawal of my RMD for (AD for (year) calculated by the centage yield may change at any time. Interest to calculate the interest on cash in the account	itionalor SEP IRA (year) in the amour the custodian ar est will be compound	Owners age and of \$and distributed disdended and credite	70 1/2 or older): distributed per my instructions in Step 5. per my instructions in Step 5. ed on the last day of each calendar month.	

*Deadline to recharacterize a contribution or remove an excess contribution is the IRA Owner's tax filing deadline (for the tax year of the contribution),

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



Step 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. 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(taxable distribution)							
□ 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	□ Transfer in Kind my shares to my IRA; Existing Account Number						
☐ Create New Account (Must complete an IRA Application to creat	e a new account for Recharacterization or Roth Conversions).						
☐ Mail check to a third party listed below. (This will be coded as a taxa	·						
For this payment method, the form must be signed and Signature	<u> </u>						
Guaranteed. Please note that this form cannot be notarized.							
Guaranteed. Fredse note that this form earliest be notalized.							
	Signature Guarantee						
Payee or Account Name	Account Number						
Address							
Step 6: INCOME TAX WITHOLDING (THIS SECTION MUST BE COMPLETED*) (Form	m W-4P/OMB No .1545-0415)						
* Except for a distribution from a Roth IRA or for a return of excess cont							
In compliance with the "Tax Equity and Fiscal Responsibility Act," First Tru:	st Retirement as custodian is required to withhold Federal						
Income Tax from all IRA distributions. You may exercise your right to elec	that 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	d 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 Re Income Taxes cannot be withheld from your distribution. Please note that p							
withholding and/or estimated tax payments are not sufficient. Please note							
transfers 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 identificatio	an number shown on the Transfer Agreement is true						
correct and complete, (ii) that I am not subject to backup withholding eith							
backup withholding as a result of a failure to report all interest or distributio	ons, 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.							
Step 8: SIGNATURE							
By signing below, I certify that the information I have provided is true as	nd correct, and Lauthorize the Custodian to distribute						
my IRA as instructed above.	na conect, and radinonze me costociam to distribute						
,							
IRA Owner's Signature (or other authorized person*)	Date						
*If signing as Power of Attorney, valid POA documents must be include	d.						