

Please Print or Type

IMPORTANT INFORMATION:

This form	is	not for	withdrawal	requests.
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Forward To: First Trust Retirement, c/o DST Systems, Inc.

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.			<u>Overnight Delivery</u> Mail Stop: Steadfast 430 West 7th Street Kansas City, MO 64105-1407
This form is not for withdrawal requests.		rvice: 855-387-3847	Steadfast Sales Desk: 877-525-7264
Social Security Number	Date of Birth	Account Nun	nber (If known)
City	State	Zip	Phone Number
Steadfast Apartment REI	T, Inc.*		
equency and availability details or ca lect distribution type in step 3 and	all Steadfast Capita payment method i	n Markets Group, LLC at n Step 4)	888-223-9951.
lan (DRP), it must be indicated on t	the applicable Subs	cription Agreement or	product sponsor update form.
must be under age 59 1/2 - IRS pen- ng Permanent Disability, SEPP, and c 59 1/2 or over; includes Required A : Must provide a certified copy of t	alty applies unless r other identified 72 (Minimum Distribu che account holder	t) qualified exceptions. tions) s Death Certificate)	Documentary evidence is required.)
	Social Security Number City Steadfast Apartment REI Steadfast Apartment Stead I Steadfast Apartment REI S	oduct prospectus for details. Kansas City, Michaele Customer Ser Social Security Number Date of Birth City Date of Birth City State Steadfast Apartment REIT, Inc.* Steadfast Apartment REIT, Inc.* Steadfast Apartment REIT, Inc.* Steadfast Apartment REIT, Inc.* Date of Birth Date of Birth City Steadfast Apartment REIT, Inc.* Steadfast Apartment REIT, Inc.* <td>come distributions, please review PO Box 219097 Social prospectus for details. Kansas City, MO 64121-9097 First Trust Retirement Customer Service: 855-387-3847 Social Security Number Date of Birth City State Zip Steadfast Apartment REIT, Inc.* s Group, LLC are processed in accordance with their respective distribution procequency and availability details or call Steadfast Capital Markets Group, LLC at let distribution type in step 3 and payment method in Step 4) Han (DRP), it must be indicated on the applicable Subscription Agreement or TH SEP IRA Inherited IRA must be under age 59 1/2 - IRS penalty applies unless rollover occurs within 6 ag Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. e 59 1/2 or over; includes Required Minimum Distributions) A: Must provide a certified copy of the account holder's Death Certificate) r (Non-Taxable). For a Trustee to Trustee transfer, this form must be signed a</td>	come distributions, please review PO Box 219097 Social prospectus for details. Kansas City, MO 64121-9097 First Trust Retirement Customer Service: 855-387-3847 Social Security Number Date of Birth City State Zip Steadfast Apartment REIT, Inc.* s Group, LLC are processed in accordance with their respective distribution procequency and availability details or call Steadfast Capital Markets Group, LLC at let distribution type in step 3 and payment method in Step 4) Han (DRP), it must be indicated on the applicable Subscription Agreement or TH SEP IRA Inherited IRA must be under age 59 1/2 - IRS penalty applies unless rollover occurs within 6 ag Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. e 59 1/2 or over; includes Required Minimum Distributions) A: Must provide a certified copy of the account holder's Death Certificate) r (Non-Taxable). For a Trustee to Trustee transfer, this form must be signed a

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