

INCOME DISTRIBUTION REQUEST FORM TERRA INCOME FUND 6, INC.

Please Print or Type

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.

This form is not for withdrawal requests.

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

Regular Mail Overnight Delivery

PO Box 219686 Mail Stop: Terra Income Fund 6

Kansas City, MO 64121-9686 430 West 7th Street 855-387-3847 Kansas City, MO 64105-1407

1: IRA OWNER INFORMATION				
Name	Social Security Number	Date of Birth	Acco	ount Number (If known)
Street Address	City	State	Zip	Phone Number
2: INCOME DISTRIBUTION INSTRU	CTIONS*			
Product: Terra Income Fund 6, Inc.*				
Terra income runa o, inc.				
*Income distributions for Terra Inco	ome Fund 6, Inc. are processed in accordance with th	eir respective dist	ribution progra	ms and are subject to availability.
Please review their prospectuses fo	r frequency and availability details or call Terra Incom	me Fund 6, Inc. at	844-224-4712.	
☐ Please pay out my income di	stributions. (Select distribution type in step 3 and p	ayment method	in Step 4)	
To participate in the Distribution I	Reinvestment Plan (DRP), it must be indicated on th	ne applicable Sub	scription Agree	ment or product sponsor update form.
3: INCOME DISTRIBUTION REPORT			,	
□ Normal Distribution (Acc□ Death (If not already in a□ IRA Trustee to Trustee Cocustodian OR must included	bution (Including Permanent Disability, SEPP, and ot ount holder age 59 1/2 or over; includes Required Na Beneficiary IRA: Must provide a certified copy of the ustodial Transfer (Non-Taxable). For a Trustee to Trude the custodian's signed Letter of Acceptance.	/linimum Distribu ne account holder	tions) 's Death Certific	cate)
4: PAYMENT INSTRUCTIONS				
☐ Mail check to the address curre	ently on file.			
☐ Electronically deposit by ACH t	o my bank. (A voided check is required.)			
	sh Account. (This is not a taxable distribution.)			
	ed below. (This will be coded as a taxable distribution	<i>'</i>		
•	ons to the custodian listed below as a Trustee to Trus	stee		
Guaranteed by accepting cust signed Letter of Acceptance.	a non-taxable distribution.) fer, this form must be signed and Signature codian OR must include the custodian's This custodial sign off is only required at ment. Please note that this form cannot be			
				Signature Guarantee
		<u> </u>		
Payee or Account Name		Acco	ount Number	
Address				
Accepting Custodian Sig	n off			



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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.

	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%).
tep (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