

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

PLEASE PRINT OR TYPE

Regular Mail
 PO Box 219731
 Kansas City, MO 64121-9731
 855.387.3847

Overnight Delivery
 Mail Stop: Trilinc Global
 Impact Fund
 430 West 7th Street
 Kansas City, MO 64105-1407

1. NAME & ADDRESS

| | | |
|----------------|------------------------|---------------|
| IRA Owner Name | Account Number | |
| Phone Number | Social Security Number | Date of Birth |
| Address | City / State / Zip | Email |

2. DESIGNATION OF BENEFICIARIES

The following individual(s) or entity(ies) shall be my primary and/or secondary beneficiary(ies). If neither primary nor secondary is indicated, the individual/entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple secondary beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or secondary beneficiary dies before I do, his/her interest and the interest of his/her heirs shall terminate completely and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survive me, the secondary beneficiary(ies) shall acquire the designated share.

| No. | Beneficiary's Name If a Minor, Custodian's Full Name (non-IRA holder) and Relationship to the Minor Information | Date of Birth* | Social Security Number | Relationship (i.e., Spouse, Non-Spouse, Trust, Estate, etc.) | Primary or Secondary | Share %** |
|-----|--|----------------|------------------------|---|--|-----------|
| 1 | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| 2 | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| 3 | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| 4 | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| 5 | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| 6 | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| 7 | | | | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |

*Date of birth is required for a Spousal beneficiary.

**Primary and Secondary beneficiary designations must each total 100%.

3. SPOUSAL CONSENT

Current Marital Status

I Am Not Married – I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form.

I Am Married and my Spouse is my primary beneficiary

I Am Married and my Spouse is NOT my primary beneficiary – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below if I reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin).

Consent of Spouse: I am the spouse of the above-named IRA Owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby give the IRA Owner any interest I have in the funds or property deposited in the IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

 (Signature of Spouse) (Date)

4. SIGNATURE REQUIRED

 IRA Owner Signature Date