

## TRANSFER/ROLLOVER REQUEST TriLinc Global Impact Fund

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

## PLEASE PRINT OR TYPE

## IMPORTANT INFORMATION:

Please check with your current custodian for their Transfer/Rollover Requirements.

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	Social Security Num	ber Account Number
ddress City / State / Zip		Phone Number
2. CURRENT CUSTODIAN NAME & ADDRESS		
☐ Funds are staying with First Trust Retirement as Custodian, changing investments only. (Please provide investment name & account number.)		
Current Custodian Name Current Custodian Phone Number Current Product Sponsor Name/Fund Number		
Current Custodian Address City	/ State / Zip	Account # to be transferred
3. TYPE OF TRANSFER / ROLLOVER		
☐ Transfer from Traditional IRA ☐ Transfer from SEP IRA ☐ Transfer from Roth IRA		Rollover from a Qualified Plan, SIMPLE IRA, 401 (k), 403 (b) or Profit Sharing Plan*  *Your employer may require additional forms to process your request.
Are any of these funds/assets from an Inherited Account?  — Yes — No		Custodian specific form included. FTR will include with the Letter of Acceptance sent to resigning custodian. (This alerts FTR to include required additional documentation.)
4. TRANSFER INSTRUCTIONS TO CURRENT CUSTODIAN (check all that apply)		
☐ Transfer Account listed in Step 2 and liquidate additional cash proceeds (If applicable). Select this option for moving assets out of the current investment, either to First Trust Retirement (FTR) as a new custodian or staying with FTR. (Please issue a check payable to First Trust Retirement)  Amount to liquidate: ☐ All ☐ Partial liquidation of \$		
☐ Transfer in Kind Account listed in Step 2 and liquidate additional cash proceeds (If applicable). Select this option for a Transfer in Kind staying with the current investment that is changing custodians only.  (Please issue a check payable to First Trust Retirement)		
Amount to transfer:	□ All □	Partial amount of \$
Transfer funds from existing Undirected Cas		
Amount to transfer:		Partial amount of \$
5. SIGNATURE REQUIRED		
IRA Owner Signature	Date	Medallion Signature Guarantee if required by Current Custodian Listed in Step 2
FOR INTERNAL USE ONLY		
Acceptance of Rollover/Transfer/Conversion by First Trust Retirement:		
By: James Fr. Dobbie		
First Trust Retirement Authorized Signature		Date