

INCOME DISTRIBUTION REQUEST FORM

Triloma

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 MailOvernight DeliveryPO Box 219756Mail Stop: TrilomaKansas City, MO 64121430 West 7th Street

855-387-3847 Kansas City, MO 64105-1407

tep 1: IRA OWNER INFORMATION					
Name	Social Security Number	Date of Birth	Accou	nt Number (If known)	
Street Address	City	State	Zip	Phone Number	
ep 2: INCOME DISTRIBUTION INSTRUCTIONS*					
Product:	Tribono FIC Clobal Frances	Taura F d 1*		ana Dauma Carian Hausia II II C*	
☐ Triloma EIG Global Energy Fund*	Triloma EIG Global Energy	Term Fund I*	☐ Trild	oma Bourne Seniors Housing II, LLC*	
*Income distributions for Triloma Financial Group are processed in accordance with their respective distribution programs and are subject to availability. Please review their prospectuses for frequency and availability details or call Triloma Financial Group at 844-224-4714. □ Please pay out my income distributions. (Select distribution type in step 3 and payment method in Step 4) To participate in the Distribution Reinvestment Plan (DRP), it must be indicated on the applicable Subscription Agreement or product sponsor update form.					
tep 3: INCOME DISTRIBUTION REPORTING	()		9		
 Premature Distribution (Account hold Premature Exempt Distribution (Included Normal Distribution (Account holder a Death (If not already in a Beneficiary) 	ding Permanent Disability, SEPP, and oth age 59 1/2 or over; includes Required M IRA: Must provide a certified copy of the ofer (Non-Taxable). For a Trustee to Trus	ty applies unless on the ridentified 72 (Iinimum Distribur e account holder	t) qualified excep tions) s Death Certificat	otions. Documentary evidence is required.)	
ep 4. Pativient 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 custransfer. (This will be coded as a non-taxable For a Trustee to Trustee transfer, this form Guaranteed by accepting custodian OR musigned Letter of Acceptance. This custodial time of distribution establishment. Please notarized.	e distribution.) n must be signed and Signature nst include the custodian's sign off is only required at	tee			
			Si	ignature Guarantee	
Payee or Account Name		Acco	Account Number		
Address					
Accepting Custodian Sign 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.						
	Please note that withholding cannot be done for Transfers-in-Kind or Transfers to Non-Qualified accounts.						
	☐ Do not withhold taxes.						
	\square 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						