

## WITHDRAWAL/RMD REQUEST FORM

**Triloma** 

## Please Print or Type

## **IMPORTANT INFORMATION:**

Each alternative investment has specific rules around liquidations and distributions, please review the terms and conditions outlined within the specific product prospectus for details.

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

Regular Mail
PO Box 219756

Mail Stop: Triloma

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

Step 1: IRA OWNER INFORMATION				
Name	Social Security Number	 Date of Birth	Existin	ng Account Number (If known)
	Josiai Jesaini, mambei	Date of Birth	2/10011	
Street Address	City	State	Zip	Phone Number
Step 2: IRA BENEFICIARY INFORMATION (Complete		State	2.19	Thore Number
Name	Social Security Number	Date of Birth	— Existir	ng Account Number (If known)
	Jeonal Jeonally Italiae.	2460 01 211 111	2/10011	
Street Address	City	Ctata	7:	Dhana Numhan
Street Address Step 3: WITHDRAWAL INSTRUCTIONS	City	State	Zip	Phone Number
•				
Product:  Triloma EIG Global Energy Fund*	☐ Triloma EIG Globa	Fnergy Term Fund I*	□ Tril	loma Bourne Seniors Housing II, LLC*
Undirected Cash Account **		. Lines By Termina and T		
*Redemptions for Triloma Financial Group prod	ucts are processed in accordance w	rith their respective Sha	are Redemption I	Programs and are subject to
availability. Please review their prospectuses for	r details or call Triloma Financial Gr	oup at 844-224-4714.		
Option 1. Please indicate one of the following	options: (Select withdrawal type in	n step 4 and payment r	method in Step 5	5)
If withdrawal is for \$100,000 or greater, a	Signature Guarantee is required in	Step 5.		
<ul> <li>I wish to redeem my entire account.</li> </ul>				
I wish to make a one-time, partial w	vithdrawal of \$ or _	(# of s	shares) from my	account
Option 2. Required Minimum Distribution (RM		• •		
				distributed per my instructions in Step 5.
I wish to have my RMD for	(year) calculated by the Cu	ustodian and distribute	d per my instruc	ctions in Step 5.
**The interest rate and annual percentage yield may c	hange at any time. Interest will be comp	pounded and credited on t	the last day of each	calendar month. The daily balance method is used to
calculate the interest on cash in the account. The bank	k deposit is insured up to applicable FDIC	limits.		
Step 4: REASON FOR WITHDRAWAL				
Withdrawal from a TRADITIONAL or SEP IRA				
Premature Distribution (Account hold     Premature Exempt Distribution (Included)				vithin 60 days) ptions. Documentary evidence is required.)
☐ Normal Distribution (Account holder a	,,	,		ptions. Documentary evidence is required.)
☐ Death (If not already in a Beneficiary	-			ite)
☐ Return of Excess Contribution: For wh				,
Excess Contribution Amount \$ _				
☐ Recharacterization: For what year wa		t Year 🗆 Prior Year*		
Recharacterization Amount \$				
☐ Direct Roth IRA Conversion Amount \$		/   / D	11 beerlees 25 eel 2	NOW
				n NOW account until the TOA paperwork is receive and complete their transfer (TOA) paperwork. A
Medallion Signature Guarantee stam			pting custoulan	una complete their transfer (TOA) paperwork. A
-		,		
Withdrawal from a ROTH IRA				
☐ Premature Distribution (Account hold				
<ul> <li>□ Premature Exempt Distribution (Inclu</li> <li>□ Normal Distribution (Account holder)</li> </ul>	=	nd other identified 72 (	t) qualified exce	ptions. Documentary evidence is required.)
☐ Death (If not already in a Beneficiary	,	of the account holder	s Death Certifica	ate)
Return of Excess Contribution: For wh				
Excess Contribution Amount \$				
☐ Recharacterization: For what year wa	s the contribution made? $\square$ Curren	t Year 🗆 Prior Year*		
Recharacterization Amount \$				
				V account unless TOA paperwork is received).
Please note that if requesting an IRA Medallion Signature Guarantee stam			epting custodian	and complete their transfer (TOA) paperwork. A
			s tay filing doadli	ing (for the tax year of the contribution) plus any

extensions including an automatic 6-month extension for those who file by the tax deadline.



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tep 5: PAYMENT METHOD	
<ul> <li>□ Mail check to the address currently on file. (Signature Guarantee required if address of Electronically transfer funds by ACH to my bank. (Voided check is required for new ins □ Deposit cash into my Undirected Cash Account. (This is not a taxable distribution.)</li> <li>□ Transfer in Kind my shares to my non-qualified account; Existing Account Number □ Create New Account. (Submit new subscription document if non-qualified account Transfer in Kind my shares to my IRA; Existing Account Number □ Create New Account. (Must complete an IRA Application to create a new account Mail check to a third party listed below. (This will be coded as a taxable distribution.) method. Please note that this form cannot be notarized.</li> </ul>	tructions. Signature Guarantee required if adding bank within 30 days.)   nt does not exist. See product prospectus for requirements.)   t for Recharacterization or Roth Conversions).
Payee or Account Name	Account Number
Address	
tep 6: INCOME TAX WITHOLDING (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 distributions. You may exercise your right to elect not to have funds withheld. This elect at any time and as often as you wish. You may elect out of this withholding by checking required to withhold 10% Federal Income Tax. State Income Taxes cannot be withheld estimated tax rules if your withholding and/or estimated tax payments are not sufficien  Please note that withholding cannot be done for Transfers-in-Kind or Transfers to Nor	tion will be in effect until you change it. You may change or revoke this election the appropriate box below. If no election is made, First Trust Retirement is I from your distribution. Please note that penalties may be incurred under the t.
☐ Withhold	
tep 7: SUBSTITUTE W-9:	
HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on backup withholding either because I have not been notified that I am subject to backup with nternal Revenue Service has notified me that I am no longer subject to backup withholding, a	hholding as a result of a failure to report all interest or distributions, or the
tep 8: 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*)  * If signing as Power of Attorney, valid POA documents must be included.	Date