

# INCOME DISTRIBUTION REQUEST FORM UDF

## **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.

855-387-3847

Regular MailOvernight DeliveryPO Box 219096Mail Stop: UnitedKansas City, MO 64121-9096Development

Kansas City, MO 64105-1407

430 West 7th Street

Name	Social Security Number	Date of Birth	Account Number (If known)	
treet Address	City	State	Zip	Phone Number
: INCOME DISTRIBUTION INSTRU	CTIONS*			
Product:  United Development Fundir	ng IV*	☐ United [	Development Fundir	ng V*
Income distributions for United De Please review their prospectuses for	velopment Funding are processed in accordance frequency and availability details or call United stributions. (Select distribution type in step 3 and	e with their respective  I Development Fundin	distribution progra g at 800-859-9338.	ams and are subject to availability.
o participate in the Distribution R	einvestment Plan (DRP), it must be indicated o	on the applicable Sub	scription Agreemer	nt or product sponsor update form.
<ul><li>□ Normal Distribution (According</li><li>□ Death (If not already in a</li><li>□ IRA Trustee to Trustee Cu</li></ul>	oution (Including Permanent Disability, SEPP, an bunt holder age 59 1/2 or over; includes Requir Beneficiary IRA: Must provide a certified copy stodial Transfer (Non-Taxable). For a Trustee to de the custodian's signed Letter of Acceptance	ed Minimum Distribu of the account holder Trustee transfer, thi	itions) 's Death Certificate	)
Mail check to the address curre	ntly on file.			
☐ Electronically deposit by ACH to	o my bank. (A voided check is required.)			
☐ Deposit into my Undirected Cas	sh Account. (This is not a taxable distribution.)			
☐ Mail check to a third party liste	d below. (This will be coded as a taxable distribu	ution.)		
☐ Transfer my income distributio	ns to the custodian listed below as a Trustee to	Trustee		
Guaranteed by accepting cust signed Letter of Acceptance. T	a non-taxable distribution.) fer, this form must be signed and Signature odian OR must include the custodian's his custodial sign off is only required at nent. Please note that this form cannot be		Sign	nature Guarantee
		Accc	ount Number	The state of the s
Payee or Account Name				
Payee or Account Name				



## INCOME DISTRIBUTION REQUEST FORM UDF

### 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