

IRA WITHDRAWAL/RMD FORM Arboretum Investment Advisors, LLC

Please Print or Type

This form should be used by the IRA owner or owner of a Beneficiary IRA to request distributions from the account.

This form should be reviewed and completed with the assistance of a financial or tax advisor.

Forward To: First Trust Retirement, c/o SS&C

Regular Mail Overnight Delivery
PO Box 219228 Mail Stop: Arboretum
Kansas City, MO 64121-9228 430 West 7th Street

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

| Step 1: IRA OWNER INFORMATION | | | | |
|---|---|--|--|--|
| | | | | |
| IRA Owner Name/Beneficiary Name* | Social Security I | Number* Date of Birth* | FTR Account Number (If Applicable) | |
| | | | | |
| Address* | City/State/Zip* | Email | Phone Number* | |
| *If completing for a death distribution, please | • | | y of the Death Certificate is required. | |
| Step 2: PRODUCT SELECTION | | | | |
| ☐ SQN Asset Income Fund V LP* | ☐ Undirected Cas | h Account** | | |
| *Redemptions for Arboretum Investment Advi | isors, LLC are processed in acco | ordance with their respective Share R | edemption Programs and are subject the | |
| availability. Please review the prospectuses for | details or call Arboretum Inve | stment Advisors, LLC at 844-500-19 | 152. | |
| **The interest rate and annual percentage yield | | | | |
| daily balance method is used to calculate the in | | The bank deposit is insured up to app | olicable FDIC limits. | |
| Step 3: ONE TIME WITHDRAWAL INSTRUCTION | | | | |
| ☐ Traditional IRA | ☐ Roth IRA | ☐ SEP IRA | ☐ Beneficiary IRA | |
| ☐ Redeem ENTIRE account | | | | |
| Redeem PARTIAL amount of \$ | or | shares from account | | |
| Step 4: ONE TIME WITHDRAWAL DISTRIBUTION | N REASON | | | |
| Premature Distribution (Account holder m | oust be under age 59 ½ - IRS ne | nalty applies unless rollover occurs w | vithin 60 days) | |
| ☐ Premature Distribution (Account holder must be under age 59 ½ - IRS penalty applies unless rollover occurs within 60 days) ☐ Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions.) | | | | |
| | | id other identified 72 (t) qualified exc | eptions.) | |
| ☐ Normal Distribution (Account holder age 5 | | | | |
| Death Distribution (If not already in a Bene | eficiary IRA; Must provide a cei | rtified copy of the account holder's D | eath Certificate) | |
| Return of Excess Contribution Amount \$ | * | | | |
| ☐ Current Year ☐ | Prior Year | | | |
| Recharacterization Amount \$ | * | | | |
| Current Year | Prior Year | | | |
| ☐ <u>Direct Roth IRA Conversion</u> Amount \$ | | | | |
| IRA Trustee to Trustee Transfer Liquidate and move proceeds to Undirected Cash account (Proceeds will be deposited in Undirected Cash account until the | | | | |
| TOA paperwork is received) Please note that if requesting an IRA Trustee transfer you need to contact the accepting custodian and complete their | | | | |
| transfer (TOA) paperwork. A Medallion S | | | | |
| *Deadline to recharacterize a contribution or re | emove an excess contribution i | s the IRA Owner's tax filing deadline | (for the tax year of the contribution), plus any | |
| extensions including an automatic 6-month ext | ension for those who file by th | e tax deadline. | | |
| Step 5: RMD INSTRUCTIONS | | | | |
| ☐ Traditional IRA | ☐ SEP IRA | ☐ Beneficia | ry IRA (Must complete step 6) | |
| ☐ One-time (year) RI | · | _ | | |
| Custodian Calculated | (year) RMD | | | |
| Step 6: BENEFICIARY IRA RMD OPTIONS (CONT | • | | | |
| ☐ Required minimum distributions (RMDs) | HAD NOT started for the origin | nal/deceased account holder. | | |
| Please select one of the following options: | | | | |
| Lump Sum (I wish to receive the distribution in a single lump-sum payment) | | | | |
| +5 years (I wish to take distributions over a five-year period) | | | | |
| Life (I wish to take distributions base | d on my life expectancy) | | | |
| If you are the spouse of the original account owner, you may elect to have your life expectancy recalculated each year. Please select one: | | | | |
| Recalculated each year | | | | |
| | | | | |
| ☐ Not recalculated each year | | | | |



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| Required minimum distributions (RMDs) HAD started for the ori | ginal/deceased account holder. |
|--|---|
| Please select one of the following options: | life any category (If you got the aldest handisize, your IF will be used) |
| I wish to take distributions based on the oldest beneficiary s I wish to continue taking distributions in the manner elected | life expectancy. (If you are the oldest beneficiary, your LE will be used) |
| Required information for Beneficiary RMD Calculation: | by the original account owner |
| Required information for Beneficiary KIVID Calculation. | |
| Name of prior participant/account owner: | |
| Date of death of prior participant/account owner: | |
| Date of birth of prior participant/account owner: | |
| Surviving spouse. If a surviving spouse, register my IRA: | |
| As a Beneficiary IRA | |
| In my name (not a Beneficiary IRA) | |
| A non-spousal beneficiary (for non-spousal beneficiary, account will be | registered as a Beneficiary IRA). |
| I am the oldest beneficiary of this IRA. | |
| I am not the oldest beneficiary of this IRA. Date of Birth of Oldest Beneficiary: | |
| Step 7: PAYMENT METHOD | |
| Taxable Options: | |
| Mail check to the address currently on file (Signature Guarantee of Electronically transfer funds by ACH to my bank (Voided check is not be address). | non-qualified account does not exist. See product prospectus for requirements.) required if address changed within 30 days.) required for new instructions. Signature Guarantee required if adding bank within 30 days d Signature Guaranteed for this payment method. Please note that this form cannot be |
| Non-Taxable Options: | |
| Deposit cash into my Undirected Cash Account | |
| Transfer in Kind my IRA; Existing Account Number | |
| Create New Account (Must complete an IRA Application to complete and IRA Application to comp | reate a new account for Recharacterization or Roth Conversions) |
| | |
| Payee or Account Name | |
| | |
| Account Number | |
| Street Address | |
| | |
| City, State & ZIP | Signature Guarantee |

Step 8: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4/OMB No. 1545-0415)



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* 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. 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. |
|--|
| 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. |
| □ Do not withhold taxes. □ Withhold |
| Step 9: SUBSTITUTE W-9 |
| I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on the Transfer Agreement is true, correct and complete, (ii) that I |
| am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest |
| or distributions, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person. |

Step 10: SIGNATURE REQUIRED 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 Signature

Date

* If signing as Power of Attorney, valid POA documents must be included.