

RMD CALCULATION FORM

Industrial Property Trust, Inc.

Please Print or Type

This form should be used by the IRA owner or owner of a Beneficiary IRA to request an RMD Calculation only. This form does NOT request a distribution, if you need to request a distribution please refer to the FTR website for the appropriate Withdrawal or Liquidation form.

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

Regular Mail Overnight Delivery
PO Box 219079 Mail Stop: IPT
Kansas City, MO 64121-9079 430 West 7th Street
855-387-3847 Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number
Address	City/State/Zip	Email	Phone Number
Step 2: RMD CALCULATION OPTIONS			
Traditional IRA	SEP IRA	В	eneficiary IRA (Must complete Step 3)
(year) One-time Cust	odian Calculated RMD using only FTR 12/31 acco	ount balance.	
Step 3: BENEFICIARY IRA RMD OPTIONS			
Required minimum distributions (RMDs) H	IAD NOT started for the original/deceased accord	unt holder.	
I wish to calculate distributions Required minimum distributions (RMDs) H	s based on my life Expectancy. IAD started for the original/deceased account h	older.	
	s based on the oldest beneficiary's life expectanc		iary, your LE will be used)
I wish to calculate distributions based on the original account owner's life expectancy.			
Required information for Beneficiary RMD		ocuoy.	
Name of prior participant/account ov	/ner:		
Date of birth of prior participant/acco	ount owner:		
Date of death of prior participant/acc	ount owner:		
Date of birth of the oldest Beneficiary	: <u></u>		
Step 4: CALCULATION MAILING METHOD			
Shareholder Address of Record:			
	he address listed on the account.		
Broker Address of Record:			
FTR will mail the calculation to the address on file for the Financial Advisor.			
Other Address:			
FTR will mail to the address prov	vided below. (IRA Owner's signature required)		
First and Last Name	Mailing Address	City/Stat	e/Zip
Step 5: SIGNATURE REQUIRED			
By signing below, I certify that the information	tion I have provided is true and correct, and I aut	horize the Custodian to mail my	y RMD Calculation as instructed above.
The Financial Advisor listed on the account may sign if the calculation request is mailed ONLY to Broker Address of Record or Shareholder Address of Record.			
IRA Own	er Signature (or other authorized person*)		Date

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