

RMD CALCULATION FORM

Black Creek Diversified Property Fund, 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

PO Box 219079

Kansas City, MO 64121-9079

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

Regular Mail

Overnight Delivery

Mail Stop: DPF

430 West 7th Street

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

A Owner Name	Social Security Number	Date of Birth	FTR Account Number
ddress	City/State/Zip	Email	Phone Number
ep 2: RMD CALCULATION OPTIONS			
Traditional IRA	SEP IRA	L Ber	neficiary IRA (Must complete Step 3)
(year) One-time Cus	todian Calculated RMD using only FTR 12/31 acco	ount balance.	
p 3: BENEFICIARY IRA RMD OPTIONS			
quired minimum distributions (RMDs) I —	HAD NOT started for the original/deceased acco	unt holder.	
_	s based on my life Expectancy. HAD started for the original/deceased account h	older.	
I wish to calculate distribution	s based on the oldest beneficiary's life expectanc	y. (If you are the oldest beneficia	ry, your LE will be used)
I wish to calculate distribution quired information for Beneficiary RMD	s based on the original account owner's life expe <u>Calculation:</u>	ctancy.	
Name of prior participant/account ov	vner:		
Date of birth of prior participant/acco	ount owner:		
Date of death of prior participant/acc	count owner:		
Date of birth of the oldest Beneficiary	<i></i>		
ep 4: CALCULATION MAILING METHOD			
nareholder Address of Record:	the address listed as the assesset		
oker Address of Record:	the address listed on the account.		
	the address on file for the Financial Advisor.		
ther Address:			
FTR will mail to the address pro	vided below. (IRA Owner's signature required)		
rst and Last Name	Mailing Address	City/State,	/Zip
ep 5: SIGNATURE REQUIRED			
signing below, I certify that the informa	tion I have provided is true and correct, and I aut	horize the Custodian to mail my	RMD Calculation as instructed above.
e Financial Advisor listed on the accoun	t may sign if the calculation request is mailed O	NLY to Broker Address of Record	or Shareholder Address of Record.
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* If signing as Power of Attorney, valid POA documents must be included.