

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 Retire <u>Regular Mail</u> PO Box 219445 Kansas City, MO 64121-9445 855-387-3847	ment, c/o SS&C <u>Overnight Delivery</u> Mail Stop: Bluerock 430 West 7th Street Kansas City, MO 64105-1407	
Step 1: IRA OWNER INFORMATION				
IRA Owner Name/Beneficiary Name*	Social Security Number*	Date of Birth*	FTR Account Number (If Applicable)	
Address* *If completing for a death distribution, please prov	City/State/Zip* ide the beneficiary information in thi	Email s section. A Certified Copy of the l	Phone Number* Death Certificate is required.	
Step 2: PRODUCT SELECTION Bluerock Total Income + Real Estate*	Undirected Cash Account**			
*Redemptions for Bluerock Asset Management are p Please review the prospectuses for details or call Blu **The interest rate and annual percentage yield may daily balance method is used to calculate the interes Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS	erock Asset Management at 844-819- v change at any time. Interest will be	8287. compounded and credited on the l	last day of each calendar month. The	
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 REASON				
 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.) Normal Distribution (Account holder age 59 ½ or over) Death Distribution (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate) Return of Excess Contribution Amount \$* Current Year Prior Year Recharacterization Amount \$* Direct Roth IRA Conversion Amount \$* Direct Roth IRA Conversion Amount \$* Direct Roth IRA Conversion Amount \$* Readline to recharacterize a contribution or remove an excess contribution is the IRA Owner's tax filing deadline (for the tax year of the contribution), plus any extensions including an automatic 6-month extension for those who file by the tax deadline. 				
Traditional IRA	🗌 SEP IRA	🗌 Beneficiary IRA (N	lust complete step 6)	
U One-time (year) RMD f				
Custodian Calculated	(year) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUE)	,	ed account holder		
Please select one of the following options: Lump Sum (I wish to receive the distributi +5 years (I wish to take distributions over Life (I wish to take distributions based on If you are the spouse of the original account owner, Recalculated each year Not recalculated each year	on in a single lump-sum payment) a five-year period) my life expectancy)		ase select one:	



Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)	
Required minimum distributions (RMDs) HAD started for the original/deceased acc	ount holder.
Please select one of the following options:	
I wish to take distributions based on the oldest beneficiary's life expectancy. (<i>If</i>)	
I wish to continue taking distributions in the manner elected by the original acco	ount owner
Required information for Beneficiary RMD 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 Ben	eficiary 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:	
 Transfer in Kind my shares to my non-qualified account; Existing Account Number Create New Account (Submit new subscription document if non-qualified account Mail check to the address currently on file (Signature Guarantee required if address c Electronically transfer funds by ACH to my bank (Voided check is required for new inst Mail check to a third party listed below. Form must be signed and Signature Guarantee notarized. Non-Taxable Options: Deposit cash into my Undirected Cash Account 	hanged within 30 days.) tructions. Signature Guarantee required if adding bank within 30 days)
Deposit cash into my Undirected Cash Account	
Transfer in Kind my IRA; Existing Account Number	
Create New Account (Must complete an IRA Application to create a new account	t 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)

* 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

% from the amount withdrawn (must be at least 10%).

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