

INCOME DISTRIBUTION REQUEST FORM

Broadstone Real Estate Access Fund

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 SS&C

Regular Mail

PO Box 219597

Kansas City, MO 64121-9597

August 71

855-387-3847

Overnight Delivery
Mail Stop: Broadstone
430 West 7th Street
Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION

IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)	
Address	City/State/Zip	Email	Phone Number	
Step 2: PRODUCT SELECTION				
Broadstone Real Estate Acces	ss Fund *			
_	e are processed in accordance with their resp ncy and availability details or call Broadstone	· -	re subject to availability. Please	
			distribution type in step 3 and payment method i	
Step 4.				
•				
	einvestment Plan (DRP), it must be indicate	d on the applicable Subscription A	greement or product sponsor update form.	
Step 3: INCOME DISTRIBUTION INS Traditional IRA	Roth IRA	☐ SEP IRA	Ronoficiary IRA	
			Beneficiary IRA	
	unt holder must be under age 59 ½ - IRS per		• •	
	_ ·	d other identified 72 (t) qualified ex	ceptions. (Documentary evidence required)	
Normal Distribution (Account	t holder age 59 ½ or over)			
Death Distribution (If not alre	eady in a Beneficiary IRA; Must provide a cert	rified copy of the account holder's	Death Certificate)	
	er Please note that if requesting an IRA Tru			
Step 4: PAYMENT METHOD	A Medallion Signature Guarantee stamp ma	y be required on their transfer fori	n.	
Taxable Options:				
Mail check to the address	s currently on file (Signature Guarantee regu	ired if address changed within 30 d	ays.)	
Flectronically transfer fur	nds by ACH to my bank (Voided check is requ	ired for new instructions. Signature	e Guarantee required if adding bank within 30 days	
		ca jor new modraediener eignatur	each ancee required if adding same training so days	
Mail check to a third part Non-Taxable Options:	ly fisted below.			
TWOII-TAXABIC OPTIONS.				
Deposit cash into my Und	Deposit cash into my Undirected Cash Account			
	ibutions to the custodian listed below as a T			
			todian OR must include the custodian's signed use note that this form cannot be notarized.	
zetter or /toseptancer m	is customar sign on is only required at time	or distribution establishment rice	se note that this form cannot be notanized.	
Payee or Account Name				
Account Number				
Charact Addison			I	
Street Address				
			I	
City, State & ZIP		Si	gnature Guarantee	
5.1, 5.2.C & En		31	grada a danunca	



Date



Step 5: 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.

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 6: 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.

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

IRA Owner Signature(or other authorized person*)