

Step 1: IRA OWNER INFORMATION

## **RMD CALCULATION FORM**

## **Broadstone Real Estate Access Fund**

## **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 D

PO Box 219597 Kansas City, MO 64121-9597

855-387-3847

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

| 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                           |                             | Beneficiary IRA (Must complete Step 3)  |
| (year) One-time   | Custodian Calculated R   | MD using only FTR 12/31 accour    | nt balance.                 |   |
| Step 3: BENEFICIARY IRA RMD OPTION                            | NS                       |                                   |                             |   |
| Required minimum distributions (RMI                           | os) HAD NOT started for  | r the original/deceased account   | t holder.                   |   |
| I wish to calculate distribut                                 | •                        | •                                 |                             |   |
| Required minimum distributions (RMI                           | ·                        | •                                 |                             |   |
| I wish to calculate distribut                                 | tions based on the olde  | st beneficiary's life expectancy. | (If you are the oldest bene | ficiary, your LE will be used)          |
| I wish to calculate distributed information for Beneficiary R | •                        | nal account owner's life expecta  | incy.                       |   |
| Name of prior participant/accoun                              | t owner:                 |                                   |                             |   |
| Date of birth of prior participant/                           | account owner:           |                                   |                             |   |
| Date of death of prior participant                            | /account owner:          |                                   |                             |   |
| Date of birth of the oldest Benefic                           | ciary:                   |                                   |                             |   |
| Step 4: CALCULATION MAILING METH                              | OD                       |                                   |                             |   |
| <b>Shareholder Address of Record:</b>                         |                          |                                   |                             |   |
| FTR will mail the calculation  Broker Address of Record:      | to the address listed o  | n the account.                    |                             |   |
| FTR will mail the calculation                                 | to the address on file f | or the Financial Advisor.         |                             |   |
| Other Address:  |                          |                                   |                             |   |
| FTR will mail to the address                                  | provided below. (IRA C   | wner's signature required)        |                             |   |
| First and Last Name   | Maili                    | ng Address                        | City/Si                     | rate/Zip                                |
| Step 5: SIGNATURE REQUIRED                                    |                          |                                   |                             |   |
| By signing below, I certify that the info                     | mation I have provided   | is true and correct, and I autho  | rize the Custodian to mail  | my RMD Calculation as instructed above. |
| The Financial Advisor listed on the acc                       | ount may sign if the ca  | lculation request is mailed ONL   | Y to Broker Address of Re   | cord or Shareholder Address of Record.  |
| IRA C   | Owner Signature (or oth  | er authorized person*)            |                             | Date                                    |
|   | • ,                      | POA documents must be include     | d.                          |   |