

**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 219422  
 Kansas City, MO 64121-9422  
 855-387-3847

Overnight Delivery  
 Mail Stop: CION Ares  
 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
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 RMD using only FTR 12/31 account balance.

**Step 3: BENEFICIARY IRA RMD OPTIONS**

**Required minimum distributions (RMDs) HAD NOT started for the original/deceased account holder.**

I wish to calculate distributions based on my life Expectancy.

**Required minimum distributions (RMDs) HAD started for the original/deceased account holder.**

I wish to calculate distributions based on the oldest beneficiary's life expectancy. (If you are the oldest beneficiary, your LE will be used)

I wish to calculate distributions based on the original account owner's life expectancy.

Required information for Beneficiary RMD Calculation:

Name of prior participant/account owner: \_\_\_\_\_

Date of birth of prior participant/account owner: \_\_\_\_\_

Date of death of prior participant/account owner: \_\_\_\_\_

Date of birth of the oldest Beneficiary: \_\_\_\_\_

**Step 4: CALCULATION MAILING METHOD**

**Shareholder Address of Record:**

FTR will mail the calculation to the 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 provided below. (IRA Owner's signature required)

First and Last Name	Mailing Address	City/State/Zip
---------------------	-----------------	----------------

**Step 5: SIGNATURE REQUIRED**

By signing below, I certify that the information I have provided is true and correct, and I authorize the Custodian to mail my 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 Owner Signature (or other authorized person*)	Date
---	------

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