

Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)

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

Please select one of the following options:

- I wish to take distributions based on the oldest beneficiary's life expectancy. *(If you are the oldest beneficiary, your LE will be used)*
- I wish to continue taking distributions in the manner elected by the original account 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 Beneficiary 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 does not exist. See product prospectus for requirements.)*
- Mail check to the address currently on file *(Signature Guarantee required if address changed within 30 days.)*
- Electronically transfer funds by ACH to my bank *(Voided check is required for new instructions. Signature Guarantee required if adding bank within 30 days)*
- Mail check to a third party listed below. **Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be notarized.**

Non-Taxable Options:

- 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 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

Date

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