

SYSTEMATIC WITHDRAWAL REQUEST
FORM
CNL

Forward To: First Trust Retirement, c/o SS&C

Please Print or Type

This form should be used to establish and modify Systematic Withdrawals. This form should be reviewed and completed with the assistance of a financial or tax advisor.			<u>Regular Mail</u> PO Box 219001 Kansas City, MO 64121-9001 855-387-3847		1-9001	<u>Overnight Delivery</u> Mail Stop: CNL 430 West 7th Street Kansas City, MO 64105-1407		
Step 1: IR	A OWNER INFORMAT	TION						
IRA Owner	r Name		Social Security	y Number		Acco	unt Numbe	r
Address			City / State / Z	Ζίρ		Phor	e Number	
	STEMATIC WITHDRAW	NAL INSTRUCTIONS				ar an		
Est:	ablish New Systematic	c Withdrawal	□ Modify	v Existing Systematic V	Vithdrawal		Discontin	ue Existing Systematic Withdrawal
	Trust Retirement, Custo		tematic Withdrawal as					
	ndrawal Option	Amount		Start Month	_	Frequency	_	Withdrawal Date(s)
L Un	directed Cash**	\$	OR		Ш м	∐q⊔s	a 🗆 a	
		Custodian C	Calculated RMD					
Start Month Frequency – Withdrawal business da	Amount – Specify a designated amount or request custodian to calculate RMD amount Start Month – Month in which Systematic Withdrawal will begin (Must be at least one month past date form is delivered) Frequency – Monthly (Jan, Feb, Mar, etc.), Quarterly (Mar, Jun, Sept, Dec), Semi –Annually (Jun, Dec), Annually (Once per year) Withdrawal Date(s) – Select a date between 1-28. (If 29, 30, or 31 are chosen, 28 will be used.) Any withdrawals that occur over a weekend or non-business day will be processed the following business day. If Withdrawal Date is not provided, it will default to the 15 th of designated frequency.							
	e interest on cash in the c	• · · •	,			the last day of cat		nonth. The daily balance method is used to
	ASON FOR WITHDRA							7
_	ditional IRA		oth IRA		SEP IRA		L	· · · · ,
	emature Distribution			•				
	emature Exempt Dis quired)	<u>stribution</u> (Includi	ng Permanent Dis	sability, SEPP, and o	other ident	tified 72 (t) qu	alified exc	eptions. Documentary evidence
□ <u>No</u>	<u>rmal Distribution</u> (A	Account holder ag	e 59 ½ or over)					
De De	<u>ath Distribution</u> (If r	not already in a Be	eneficiary IRA; M	ust provide a certifi	ed copy o	f the account	holder's D	eath Certificate)
Step 4: RN			_					
	ditional IRA						Benefic	ary IRA
_	ENEFICIARY IRA RMD							
🗀 Requ	uired minimum distr	ibutions (RMDs) H	IAD NOT started f	or the original/decea	ased accou	unt holder.		
Please sel	ect one of the follow	ing options:						
	Lump Sum (I wish to	o receive the distri	bution in a single l	ump-sum payment)				
	+5 years (I wish to ta	ake distributions o	over a five-year per	riod)				
	Life (I wish to take d	listributions based	on my life expecta	ancy)				
<u>If you are</u>	the spouse of the or Recalculated each y	-	<u>ner, you may elect</u>	to have your life exp	ectancy re	calculated eac	h year. Ple	ease select one:
	Not recalculated each y							
		ui yeai						
🗌 Requ								
- 1	uired minimum distr	ibutions (RMDs) H	AD started for the	e original/deceased	account h	older.		
Please sel		• •	IAD started for the	e original/deceased	account h	older.		
	uired minimum distr lect one of the follow I wish to take distrik	ving options:					eficiarv. v	our 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:	Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINU		
Date of death of prior participant/account owner: Date of birth of prior participant/account owner: Date of birth of prior participant/account owner: 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 the oldest beneficiary of this IRA. Date of Birth of Oldest Beneficiary: Step 5: PAYMENT METHOD Mail check to the address currently on file. Electronically transfer funds by ACH: Current Banking Instructions on file New Bank Instructions Checking (Voided Check Required) Savings (Letter on Bank Letterhead Required) Bank Account Registration (Include all registration names) • Ow) one bank account mup be on file. • Segoration of bank account must be some as IRA holder. • Owner bank account must be some as IRA holder. • Owner bank account must be some as IRA holder. • Owner bank account must be some as IRA holder. • Owner bank account must be some as IRA holder. • Owner bank account must be some as IRA holder. • Owner bank account must be some as IRA holder. • Owner ban	Required information for Beneficiary RMD Calculat	ion:	
Date of birth of prior participant/account owner: Surviving spouse. If a surviving spouse, repister 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. Date of Birth of Oldest Beneficiary; Step 6 PAYMENT METHOD Mail check to the address currently on file. Electronically transfer funds by ACH: Current Banking Instructions on file New Bank Instructions Checking (Voided Check Required) Bank Name Routing ABA Number (9-digits) Bank Account Registration (Include all registration names) • Temporary and Stater checks are not acceptable. • Only one bank account may be on file. • Uvided theck is a valuable, a letter on bank letterhead signed by a branch manager outlining all above information. Step 7.NICOME TAX WTHHOLONING (ITHS SECTION MUST BE COMPUTED) (Form V4.49/OHB No. 1543-4931) Incompliance to withhold Federal Income Tax from all IRA distributions. You may exercise your right to elect out to have funds withheld. This election will be in effect until you change to twithhold federal income Tax from all IRA distributions. You may exercise your right to elect on to have funds withheld. This section will be a least 10%). I compliance with the "Tax Equiption and starter checks are not acceptable. • Voude dheck is thare available,	Name of prior participant/account owner:		
Surviving spouse. If a surviving spouse, register my IRA:	Date of death of prior participant/account ow	ner:	
As a Beneficiary IRA in my name (not a Beneficiary IRA) Anon-spousal beneficiary (for non-spousal beneficiary, account will be registered as a Beneficiary IRA). i am the oldest beneficiary of this IRA. bate of Birth of Oldest Beneficiary: Date of Birth of Oldest Beneficiary: Step 6: PAYMENT METHOD And the oldest beneficiary of this IRA. Date of Birth of Oldest Beneficiary: Step 6: PAYMENT METHOD Electronically transfer funds by ACH: Checking (Voided Check Required) Bank Instructions Checking (Voided Check Required) Bank Account Registration (Include all registration names) • Only one bank account may be on file. • Signature of bank account namy be on file. • Signature of bank account on may be on file. • Signature of bank account may be on file. • Signature of bank account any be on file. • Signature of bank account on may be on file. • Signature of bank account may be on file. • Signature of bank account may be on file. • Signature of bank account may be on file. • Signature of bank account may be on file. • Signature of bank account may be on file. • Only one bank baccount may be on file.	Date of birth of prior participant/account owr	ner:	
Image: Instructions Image: Instructions Image: Instructions Image: Im		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 6: PAYMENT METHOD Mail check to the address currently on file. Electronically transfer funds by ACH: Current Banking Instructions on file New Bank Instructions Checking (Voided Check Required) Bank Name Routing ABA Number (9-digits) Bank Account Registration (Include all registration names) • Importary and Statter checks are not acceptable. • Only one bank account may be on file. • Importary and Statter checks are not acceptable. • Signiture of bank account may be on file. • Importary and Statter checks are not acceptable. • Signiture of bank account may be on file. • If wided check is not available, a letter on bank letterhead signed by a branch manager outlining all above information. Step 7: INCOME TAX WITHHOLDING (THIS SECTION NULST BE COMPLETED) (Form W-4P/OMB No. 1545-0415) In compliance with the "Tax Equity and Fiscal Responsibility Act," First Trust Retirement, as custodian, is required to withhold Federal Income Tax form all IRA distributions. You may exherce 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 t			
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I hereby acknowledge that this agreement is between the IRA Owner named in Step 1 and the Custodian and that Product and its affiliates (i) shall have no obligations or liability under this agreement or for any transactions executed in connection herewith; (ii) shall have no responsibility, discretion or involvement in evaluating or selecting assets or investments; and (iii) shall not be deemed to be a "fiduciary" as defined in the Employee Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the Internal Revenue Code of 1986, as amended, with respect to any assets or property of the IRA account.

IRA Owner Signature

Date