

# **INCOME DISTRIBUTION REQUEST FORM**

# Colony NorthStar

Please Print or Type					Forward To: First Trust Retirement, c/o SS&C				
IMPORTANT INFORMATION					Regular Mail Overnight Delivery				
Each alternative investment has specific rules around income distributions, please re								:hStar	
the terms and conditions outlined within the specific product prospectus for details				alls.	Kansas City, MO 64121-9923 430 West 7th Street 877-940-8777 Kansas City, MO 64105-1407			1407	
This form is not for withdrawal requests. Step 1: IRA OWNER INFORMATION					877-940-8777 Kansas City, MO 64105-1407				
IRA Owner Name			Social Security Number		ate of Birth	FTR Account Number (If Applicable)		plicable)	
			<u>c:</u> , <u>(c)</u> , <u>7</u> ;						
Addre	: PRODUCT SELECTION		City/State/Zip	E	mail	ł	Phone Number	Í.	
	NorthStar Healthcare Incom	o loc *	NorthStar Real Estate	Capital Incor	no Eund*	NorthStar Por	al Estate Capital Income Fu	und C*	
		ie, inc.		•	=		·		
	N1 Liquidating Trust* NorthStar Real Estate Capital Income Fund-T* NorthStar/Townsend Institutional F						whsend Institutional Real E	state Fund*	
	NorthStar Real Estate Capita	al Income							
Fund-ADV* *Income distributions for NorthStar are processed in accordance with their respective distribution programs and are subject to availability. Please review their									
prospectuses for frequency and availability details or call NorthStar at 877-940-8777.									
By submitting this form I am requesting First Trust Retirement to pay out my income distributions. Please select distribution type in step 3 and payment method in Step 4.									
Dy Sub	initiang this form runnequest		nethenetic puy out my meon	e distribution.		choucher type in st	iep o ana payment methoa	in otep 41	
To participate in the Distribution Reinvestment Plan (DRP), it must be indicated on the applicable Subscription Agreement or product sponsor update form.									
Step 3	: INCOME DISTRIBUTION IN	STRUCTIONS							
	Traditional IRA		Roth IRA		SEP IRA	[	Beneficiary IRA		
	Premature Distribution (Acc	ount holder m	nust be under age 59 ½ - IRS per	nalty applies u	unless rollover occ	urs within 60 days	s)		
	<u>Premature Exempt Distribution</u> (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. (Documentary evidence required)								
	Normal Distribution (Account holder age 59 ½ or over)								
	Death Distribution (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate)								
IRA Trustee to Trustee Transfer Please note that if requesting an IRA Trustee transfer you need to contact the accepting custodian and complete their transfer (TOA) paperwork. A Medallion Signature Guarantee stamp may be required on their transfer form.									
Step 4	: PAYMENT METHOD	A Weuumon S	signature Guarantee stamp ma	y be required	ron their transjer	jonn.			
-	ole Options:								
	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 with									
								nin 30 aays)	
Mail check to a third party listed below.									
Non-Taxable Options:									
Deposit cash into my Undirected Cash Account									
	Transfer my income distributions to the custodian listed below as a Trustee to Trustee Transfer								
For a Trustee to Trustee transfer, this form must be signed and Signature Guaranteed by accepting custodian OR must include the custodian's signed Letter of Acceptance. This custodial sign off is only required at time of distribution establishment. Please note that this form cannot be notarized.									
Pavee	Payee or Account Name								
Tuyce	of Account Nume								
Account Number									
700									
Street Address									
Street	AUULESS								
City C						Cianature C	ente e		
city, S	tate & ZIP					Signature Guar	antee	<b>_</b>	



#### 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.

IRA Owner Signature(or other authorized person\*) \* If signing as Power of Attorney, valid POA documents must be included. Date