

# IRA WITHDRAWAL/RMD FORM Colony NorthStar

#### Please Print or Type

This form should be used by the IRA owner or owner of a Beneficiary IRA to request distributions from the account.

This form should be reviewed and completed with the assistance of a financial or tax advisor.

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

Regular Mail
PO Box 219923

Mail Stop: Colony I

Kansas City, MO 64121-9923 877-940-8777 Overnight Delivery
Mail Stop: Colony NorthStar
430 West 7th Street
Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION				
IRA Owner Name/Beneficiary Name*	Social Security Number*	Date of Birth*	FTR Account Number (If Applicable)	
in towner wante, beneficiary wante	Social Security Hamber	Date of Birth	Triviced in Namber (il Applicable)	
Address*	City/State/Zip*	Email	Phone Number*	
*If completing for a death distribution, please provide to Step 2: PRODUCT SELECTION	ne beneficiary information in th	is section. A Certified Copy	y of the Death Certificate is required.	
NorthStar Healthcare Income, Inc.*	NorthStar Real Estate Capital	Incomo Fund*	NorthStar Real Estate Capital Income Fund-C*	
□ NJ Liquidating Trust*	NorthStar Real Estate Capital  NorthStar Real Estate Capital	_	NorthStar/Townsend Institutional Real Estate	
☐ NI Liquidating Trust:	INOTTIISTAL KEALESTATE CAPITAL	income runa-i · · · ·	Fund*	
☐ NorthStar Real Estate Capital Income Fund-	☐ Undirected Cash Account**	:		
ADV*				
*Redemptions for NorthStar are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review the				
prospectuses for details or call NorthStar at 877-940-8777.  **The interest rate and annual percentage yield may change at any time. Interest will be compounded and credited on the last day of each calendar month. The				
daily balance method is used to calculate the interest on cash in the account. The bank deposit is insured up to applicable FDIC limits.  Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS				
	oth IRA	☐ SEP IRA	☐ Beneficiary IRA	
Redeem ENTIRE account	••••			
☐ Redeem PARTIAL amount of \$	or	shares from account		
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION REASON				
Premature Distribution (Account holder must be under age 59 ½ - IRS penalty applies unless rollover occurs within 60 days)				
Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions.)				
☐ 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)				
Return of Excess Contribution Amount \$ *				
☐ Current Year ☐ Prior Yea	<u> </u>			
Recharacterization Amount \$	*			
	_			
☐ Current Year ☐ Prior Yea	r			
Direct Roth IRA Conversion Amount \$				
IRA Trustee to Trustee Transfer Liquidate and move proceeds to Undirected Cash account (Proceeds will be deposited in Undirected Cash account until the				
TOA paperwork is received) 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.  *Deadline to recharacterize a contribution or remove an excess contribution is the IRA Owner's tax filing deadline (for the tax year of the contribution), plus any				
extensions including an automatic 6-month extension for			To the tax year of the contribution,, plus any	
Step 5: RMD INSTRUCTIONS				
☐ Traditional IRA	☐ SEP IRA	☐ Beneficiar	ry IRA (Must complete step 6)	
☐ One-time (year) RMD for \$				
	ar) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED O				
Required minimum distributions (RMDs) HAD NOT	started for the original/deceas	ed account holder.		
Please select one of the following options:				
☐ Lump Sum (I wish to receive the distribution in a single lump-sum payment)				
+5 years (I wish to take distributions over a five-year period)				
Life (I wish to take distributions based on my life expectancy)				
If you are the spouse of the original account owner, you may elect to have your life expectancy recalculated each year. Please select one:				
Recalculated each year				
☐ Not recalculated each year				



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Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)  Required minimum distributions (RMDs) HAD started for the original/deceased acc	count holder
	ount noider.
Please select one of the following options:     I wish to take distributions based on the oldest beneficiary's life expectancy. (If	you are the aldest haneficiary your IE will be used
☐ I wish to continue taking distributions in the manner elected by the original acc	
Required information for Beneficiary RMD Calculation:	ount owner
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)	neficiary IRA).
I am the oldest beneficiary of this IRA.	
<ul> <li>I am not the oldest beneficiary of this IRA.</li> <li>Date of Birth of Oldest Beneficiary:</li> </ul>	
Date of Birth of Oldest Beneficially.	<del></del>
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 accou	nt 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 ins	tructions. Signature Guarantee required if adding bank within 30 days,
Mail check to a third party listed below. Form must be signed and Signature Guaran	steed 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	t for Recharacterization or Roth Conversions)
Payee or Account Name	
Topic of Account Name	
Account Number	
Street Address	
City, State & ZIP	Signature Guarantee



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#### 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.