

SYSTEMATIC WITHDRAWAL REQUEST FORM Cottonwood

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.

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

Regular Mail

PO Box 219065

Kansas City, MO 64121-9065

Kansas City, MO 64121-9065

Retirement, c/o SS&C

Overnight D

Overnight D

Adal Stop: 0

430 West 76

855-387-3847

<u>Overnight Delivery</u> Mail Stop: Cottonwood 430 West 7th Street Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION

IRA Owner Name		Social Security Number		Ac	ccount Number	
not owner reame	~	ocial security Hamber		,	count Humber	
Address		City / State / Zip		Dł	none Number	
Step 2: SYSTEMATIC WITHDRAWAL		Sity / State / Zip		' '	ione Number	
Establish New Systematic Wit	г	☐ Modify Existing Syst	ematic Withdrawal		Discontinue	Existing Systematic Withdrawal
I direct First Trust Retirement, Custodian,						
Withdrawal Option	Amount	Start N	_	Freque	-	Withdrawal Date(s)
☐ Undirected Cash** \$	7	OR	⊔ м	∐ q L	JSA ∐A _	
_	☐ Custodian Calcula					
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.						
*The interest rate and annual percentage calculate the interest on cash in the account				the last day of	each calendar mon	nth. The daily balance method is used to
Step 3: REASON FOR WITHDRAWAL		пзитей ир то иррпеиые тые п	mis.			
☐ Traditional IRA	☐ Roth IR	A	☐ SEP IRA			Beneficiary IRA
Premature Distribution (A	ccount holder must	be under age 59 ½ - IR	penalty applies	unless rollo	ver occurs with	nin 60 days)
Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. Documentary evidence required)						
☐ Normal Distribution (Acco	unt holder age 59 3	v or over)				
Death Distribution (If not	already in a Benefic	iary IRA; Must provide a	certified copy o	f the accou	nt holder's Dea	th Certificate)
Step 4: RMD INSTRUCTIONS		_			_	
☐ Traditional IRA		☐ SEP IRA			■ Beneficiar	y IRA
Step 5: BENEFICIARY IRA RMD OP			1/1			
Required minimum distribut		OT started for the origina	ii/deceased accol	int noider.		
Please select one of the following	<u></u>					
		i in a single lump-sum pa	ment)			
☐ +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 y	ear					
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						



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	NUED FROM PAGE 1)	
Required information for Beneficiary RMD Calcu	lation:	
Name of prior participant/account owner:		_
Date of death of prior participant/account	owner:	_
Date of birth of prior participant/account o	wner:	-
Surviving spouse. If a surviving spouse, register r	ny IRA:	
As a Beneficiary IRA		
In my name (not a Beneficiary IRA)		
A non-spousal beneficiary (for non-spousal bene	ficiary, account will be registered as a Beneficiary IRA	Α).
I am the oldest beneficiary of this IRA.		
I am not the oldest beneficiary of this		
Date of Birth of Oldest Beneficial		
		_
Step 6: PAYMENT METHOD		
Mail check to the address currently on file.		
Electronically transfer funds by ACH:	urrent Banking Instructions on file	New bank instructions. (Complete below section)
110	urrent banking instructions on the	New bank instructions. [Complete below section]
Now Pouls Instructions		
Now Pouls Instructions		r on Bank Letterhead Required)
New Bank Instructions Checking (Void	ed Check Required) Savings (Lette	r on Bank Letterhead Required)
Now Pouls Instructions		
New Bank Instructions Checking (Void	ed Check Required) Savings (Lette	r on Bank Letterhead Required)
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