

Please Print or Type

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

This form should be used by the IRA owner or owner of a Beneficiary IRA to request an RMD Calculation only. This form does NOT request a distribution, if you need to request a distribution please refer to the FTR website for the appropriate Withdrawal or Liquidation form.		<u>Regular Mail</u> PO Box 219095 Kansas City, MO 64121-9095 855-387-3847	<u>Overnight Delivery</u> Mail Stop: FS Investments 430 West 7th Street Kansas City, MO 64105-1407
Step 1: IRA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number
Address	City/State/Zip	Email	Phone Number
Step 2: RMD CALCULATION OPTIONS Traditional IRA	SEP IRA	Benefic	ary IRA (Must complete Step 3)
(year) One-time Custodian Calculate	d RMD using only FTR 12/31 account	balance.	
Step 3: BENEFICIARY IRA RMD OPTIONS			
Required minimum distributions (RMDs) HAD NOT started	d for the original/deceased account	holder.	
Required minimum distributions (RMDs) HAD started for I wish to calculate distributions based on the c I wish to calculate distributions based on the c I wish to calculate distributions based on the c Required information for Beneficiary RMD Calculation:	oldest beneficiary's life expectancy. (/	f you are the oldest beneficiary, y	our LE will be used)
Name of prior participant/account owner:			
Date of birth of prior participant/account owner:			
Date of death of prior participant/account owner:			
Date of birth of the oldest Beneficiary:			
Step 4: CALCULATION MAILING METHOD			
Shareholder Address of Record:			
FTR will mail the calculation to the address liste Broker Address of Record:	d on the account.		
FTR will mail the calculation to the address on fi Other Address:	ile for the Financial Advisor.		
FTR will mail to the address provided below. (IR	A Owner's signature required)		
First and Last Name M	lailing Address	City/State/7in	

 Step 5: SIGNATURE REQUIRED
 Step and correct, and Lauthorize the Custodian to mail my RMD Calculation as instructed above.

The Financial Advisor listed on the account may sign if the calculation request is mailed ONLY to Broker Address of Record or Shareholder Address of Record.

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

Date