

## INCOME DISTRIBUTION REQUEST FORM FS Investments

## Please Print or Type IMPORTANT INFORMATION

Each alternative investment has specific rules around income distributions, please review the terms and conditions outlined within the specific product prospectus for details.

This form is not for withdrawal requests.

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

Regular Mail Overnight Delivery
PO Box 219095 Mail Stop: FS Investments
Kansas City, MO 64121-9095 430 West 7th Street
855-387-3847 Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION					
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)	_	
Address	City/State/Zip	 Email	Phone Number	_	
Step 2: PRODUCT SELECTION					
☐ FS Credit Income Fund*	☐ FS Credit Real	Estate Income Trust, Inc.*	FS Multi-Strategy Alternatives Fund*		
FS Energy Total Return Fund*	☐ FS Multi-Alter	native Income Fund*	☐ FS Long/Short Equity Fund*		
FS Global Credit Opportunities Fund*	☐ FS Energy and	l Power Fund*	FS KKR Capital Corp*		
FS KKR Capital Corp II*	<b>5</b> ,		·		
·	Income distributions for FS Investments are processed in accordance with their respective distribution programs and are subject to availability. Please review their				
prospectuses for frequency and availability de	tails or call FS Investments at 87	77-628-8575.			
By submitting this form I am requesting First	Trust Retirement to pay out m	y income distributions. Please	select distribution type in step 3 and payment method	i b	
Step 4.					
To continue to in the Distribution Deignorthm	out Diam (DDD) it would be indice	skad an kha annliachta Cubassins	A		
Step 3: INCOME DISTRIBUTION INSTRUCTIO		ited on the applicable Subscript	tion Agreement or product sponsor update form.		
☐ Traditional IRA ☐	Roth IRA	☐ SEP IRA	☐ Beneficiary IRA		
Premature Distribution (Account holder	er must be under age 59 ½ - IRS i	penalty applies unless rollover o	•		
	=		fied 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)					
	,	• •	ntact the accepting custodian and complete their		
transfer (TOA) paperwork. A Medallic					
Step 4: PAYMENT METHOD					
<u>Taxable Options:</u>					
Mail check to the address currently	y on file (Signature Guarantee re	equired if address changed withi	n 30 days.)		
☐ Electronically transfer funds by AC	H to my bank (Voided check is re	equired for new instructions. Sig	nature Guarantee required if adding bank within 30 day	ys,	
Mail check to a third party listed below.					
Non-Taxable Options:					
Deposit cash into my Undirected C	ash Account				
Transfer my income distributions t		a Trustee to Trustee Transfer			
			ng custodian OR must include the custodian's signed		
			t. Please note that this form cannot be notarized.		
		_			
Payee or Account Name					
Account Number		_			
Account Number					
Street Address		-			
City, State & ZIP			Signature Guarantee		



## INCOME DISTRIBUTION REQUEST FORM FS Investments

Date

## 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.