

lease Print or Type IMPORTANT INFORMATION: Each alternative investment has specific rules around liquidations and distributions, please review the terms and conditions outlined within the specific product prospectus for details. Step 1: IRA OWNER INFORMATION		Forward To: First Trust Retirement, c/o DST Systems, Inc. <u>Regular Mail</u> <u>Overnight Delivery</u> PO Box 219984Mail Stop: KKRKansas City, MO 64121-9984430 West 7th Street855-387-3847Kansas City, MO 64105-1407	
RA Owner Name	Social Security Number	Date of Birth	FTR Account Number (if Applicable
Address Step 2: IRA BENEFICIARY INFORMATION	City / State / Zip (Complete ONLY for a death distribution.)	Email	Telephone Number
Beneficiary Name	Social Security Number	Date of Birth	FTR Account Number (if Applicable
Address	City / State / Zip	Email	Telephone Number
tep 3: WITHDRAWAL INSTRUCTIONS Product:			
 I wish to make a one-time * A \$20 dollar sales fee and .03 cents per ** The interest rate and annual percenta 	e withdrawal of my RMD for <u>(year)</u> in t e withdrawal of my RMD for <u>(year)</u> in t e share fee will be charged for the cost of trading the shares or ige yield may change at any time. Interest will be compounde ulate the interest on cash in the account. The bank deposit is	he amount of (s n the market. d and credited on the last day of eac	shares) distributed per my instructions in Step In calendar month.
 Premature Exempt Distribution Normal Distribution (Accound) Death (If not already in a Barrier of Excess Contribution A Excess Contribution A Recharacterization: For what Recharacterization Arecharacterization Arecharacterization Arecharacterization Direct Roth IRA Conversion IRA Trustee to Trustee transtruction Arecharacterication Arecharacterication 	count holder must be under age 59 1/2 - IRS penalty a ation (Including Permanent Disability, SEPP, and other ant holder age 59 1/2 or over; includes Required Mini Beneficiary IRA : Must provide a certified copy of the a ion: For what year was the contribution made? mount \$	identified 72 (t) qualified except mum Distributions) ccount holder's Death Certificate rrent Year	tions. Documentary evidence is required.)* e) eposited in Undirected Cash account until the
Withdrawal from a ROTH IRA Premature Distribution (Ac Premature Exempt Distribution Normal Distribution (Accound) Death (If not already in a light)	count holder must be under age 59 1/2 - IRS penalty a ition (Including Permanent Disability, SEPP, and other int holder age 59 1/2 or over) Beneficiary IRA : Must provide a certified copy of the a ion: For what year was the contribution made?	identified 72 (t) qualified except	tions. Documentary evidence is required.)*
 Recharacterization: For wh Recharacterization An 	at year was the contribution made? Current Year nount \$		
 IRA Trustee to Trustee tran paperwork is received). 	sfer**- Liquidate and move proceeds to Undirected C		
<i>Medallion Signature Guarante</i> *Documentary evidence is requ **Deadline to recharacterize a	an IRA Trustee to Trustee transfer you need to contact the a e stamp may be required on their transfer form. uired for SEPP and Disability Distributions. Specific details outl contribution or remove an excess contribution is the IRA Owr on for those who file by the tax deadline.	ining requirements can be located in	the Guide at www.firsttrustretirement.com.



LIQUIDATION REQUEST FORM Corporate Capital Trust

Step 5: PAYMENT METHOD

- Deposit cash into my Undirected Cash Account. (This is not a taxable distribution.)
- □ 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 within 30 days.)
- Transfer in Kind my shares to my non-qualified account held outside of FTR; must include DTC delivery instructions.
- Transfer in Kind my shares to my IRA; Existing Account Number _____
 - Create New Account. (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions).
- Mail check to a third party listed below. (This will be coded as a taxable distribution.) Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be notarized.



Payee or Account Name

Account Number

Address

Step 6: INCOME TAX WITHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4P/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. 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. 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.

Do not withhold taxes.

Withhold _____% from the amount withdrawn (must be at least 10%).

Step 7: 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 8: SIGNATURE

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's Signature (or other authorized person*)

* If signing as Power of Attorney, valid POA documents must be included.

Date