

## LIQUIDATION REQUEST FORM Publicly Traded Products

## **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 Overnight Delivery

ATTN: FTR – Public Traded

PO Box 219261 4. Kansas City, MO 64121-9261 S

855-387-3847

430 West 7th Street Suite 219261 Kansas City, MO 64105-1407

Mail Stop: FTR – Public Traded

Step 1: IRA OWNER INFORMATION									
IRA Owner Name/Beneficiary Name*	Social Security N	umber* Date of Birth*	FTR Account Number (If Applicable)						
Address*	City/State/Zip*	Email	Phone Number*						
*If completing for a death distribution, pla	ease provide the beneficiary inform	ation in this section. A Certified Co	opy of the Death Certificate is required.						
Step 2: PRODUCT SELECTION									
	("The*Product")*	Undirected Cash Ad							
If your shares of the listed product have already been sold over the phone or in writing, and you wish to redeem the cash proceeds of that transaction, please select "Undirected Cash" on this form to redeem the cash proceeds.									
*A \$20 sales fee and .03 cents per share fe		ing the shares on the market.							
**The interest rate and annual percentage	yield may change at any time. Inter	rest will be compounded and credit	ted on the last day of each calendar month. The						
daily balance method is used to calculate t		he bank deposit is insured up to ap	oplicable FDIC limits.						
Step 3: ONE TIME WITHDRAWAL INSTRUC	Roth IRA	☐ SEP IRA	☐ Beneficiary IRA						
Redeem ENTIRE account	LI ROUTINA	□ JEP INA	in deficitory that						
		ahawaa fuana aasayint							
☐ Redeem PARTIAL amount of \$	or	shares from account							
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION									
Premature Distribution (Account hold									
,	Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions.)								
Normal Distribution (Account holder	-		D 11 C 11 C 11						
☐ Death Distribution (If not already in a	• • •	iffied copy of the account holder's	Death Certificate)						
Return of Excess Contribution Amoun	_								
_	☐ Prior Year								
Recharacterization Amount \$	*								
☐ Current Year	☐ Prior Year								
Direct Roth IRA Conversion Amount \$									
			deposited in Undirected Cash account until the accepting custodian and complete their						
transfer (TOA) paperwork. A Medall									
			e (for the tax year of the contribution), plus any						
extensions including an automatic 6-month  Step 5: RMD INSTRUCTIONS	n extension for those who file by the	tax deadline.							
☐ Traditional IRA	☐ SEP IRA	☐ Renefici	iary IRA (Must complete step 6)						
_	ar) RMD for \$	in beliefer	iary ma (must complete step o)						
Custodian Calculated	(year) RMD	_							
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED ON PAGE 2)  Required minimum distributions (RMDs) HAD NOT started for the original/deceased account holder.									
Please select one of the following options:									
	distribution in a single lump-sum pa	vment)							
+5 years (I wish to take distributions over a five-year period)									
Life (I wish to take distributions									
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									
,			E-474K5						







Step	6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
	Required minimum distributions (RMDs) HAD started for the original/deceased account holder.
Plea	se 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
Req	ired information for Beneficiary RMD Calculation:
	Name of prior participant/account owner:
	Date of death of prior participant/account owner:
	Date of birth of prior participant/account owner:
Surv	ving spouse. If a surviving spouse, register my IRA:  As a Beneficiary IRA  In my name (not a Beneficiary IRA)
A no	n-spousal beneficiary (for non-spousal beneficiary, account will be registered as a Beneficiary IRA).
	I am the oldest beneficiary of this IRA.
	☐ I am not the oldest beneficiary of this IRA.  Date of Birth of Oldest Beneficiary:
Ster	7: PAYMENT METHOD
Taxa	ble Options:
	Transfer in Kind my shares to my non-qualified account; Existing Account Number  Create New Account (Submit new subscription document if non-qualified account 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 instructions. Signature Guarantee required if adding bank within 30 days.)  Mail check to a third party listed below. Form must be signed and Signature Guaranteed 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 for Recharacterization or Roth Conversions)
Paye	e or Account Name
Acco	unt Number
Stre	et Address
City	State & ZIP Signature Guarantee



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Step 8: SYSTEMATIC WITHDRAWAL OF	TIONS						
Establish New Systematic Withdrawal Modify Existing Systematic Withdrawal Discontinue Existing Systematic Withdrawal							
Amount	Start Month	Freque	<u> </u>	□ sa □ a	Withdrawal Date(s)		
\$Or  ☐ Custodian Calculate RMD			⊔ <b>q</b> L	」 SA			
Payment Instructions:							
☐ Mail check to the address current	ly on file.						
Electronically transfer funds by ACH:	☐ Current Banking Ins	structions on file	☐ New ba	ank instructions. <i>(C</i>	omplete below section)		
New Bank Instructions:	Checking (Voided C		_	•	etterhead Required)		
Bank Name	Routing ABA Number (9-digits)			Bank Account Number			
Bank Account Registration (Include all registration names)							
<ul> <li>Only one bank account may be on file.</li> <li>Signature of bank account owner must be same as IRA holder.</li> <li>If voided check is not available, a letter on bank letterhead signed by a branch manager outlining all above information.</li> <li>Amount – Specify a designated amount or request custodian to calculate RMD amount</li> <li>Start Month – Month in which Systematic Withdrawal will begin (Must be at least one month past date form is delivered)</li> <li>Frequency – Monthly (Ian, Feb, Mar, etc.), Quarterly (Mar, Jun, Sept, Dec), Semi – Annually (Iun, Dec), Annually (Once per year)</li> <li>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<sup>th</sup> of designated frequency.</li> <li>Step 9: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4/OMB No. 1545-0415)</li> </ul>							
* 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 10: SUBSTITUTE W-9	iury (i) that the taypayer i	dontification number she	wn on the Tra	unctor Agroomant is	strue correct and complete (ii) that I		
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 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 11: 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.							
2, 3.5 Section, 1 section of the minimum of the provided is due and correct, and radiative the custodian to distribute my nivers instructed above.							
* If signing as Power	IRA Owner Signature of Attorney, valid POA do		d.		Date		