

INCOME DISTRIBUTION REQUEST FORM Federated Project and Trade Finance Tender Fund

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 219221 Mail Stop: Federated
Kansas City, MO 64121-9221 430 West 7th Street
855-387-3847 Kansas City, MO 64105-1407

Step 1: IKA 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			
Federated Project and Trade Fina	ance Tender Fund*		
*Income distributions for Federated Pro	ject and Trade Finance Tender Fund are pro	ocessed in accordance with their i	respective distribution programs and are subject to
availability. Please review their prospec	tuses for frequency and availability details o	or call Federated Project and Trac	de Finance Tender Fund at 855-328-0109.
	g First Trust Retirement to pay out my inco	ome distributions. Please select	distribution type in step 3 and payment method in
Step 4.			
To participate in the Distribution Reinv	estment Plan (DRP), it must be indicated o	on the applicable Subscription A	greement or product sponsor update form.
Step 3: INCOME DISTRIBUTION INSTRU	UCTIONS		<u>_</u>
Traditional IRA	☐ Roth IRA	SEP IRA	Beneficiary IRA
<u> </u>	holder must be under age 59 ½ - IRS penal	ty applies unless rollover occurs	within 60 days)
Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified 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)			
			the accepting custodian and complete their
Step 4: PAYMENT METHOD	edallion Signature Guarantee stamp may l	be required on their transfer fori	n.
Taxable Options:			
	rrently on file (Signature Guarantee require	ed if address chanaed within 30 d	lavs.)
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 lis		,	,g
Non-Taxable Options:	ited below.		
	cted Cash Account		
Deposit cash into my Undirected Cash Account			
Transfer my income distributions to the custodian listed below as a Trustee to Trustee Transfer For a Trustee to Trustee transfer, this form must be signed and Signature Guaranteed by accepting custodian OR must include the custodian's signed			
			ase note that this form cannot be notarized.
Payee or Account Name			
rayee or Account Name			
Account Number			
Church Adduses			
Street Address			
City, State & ZIP		Si	gnature Guarantee



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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*)

Date

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