

SYSTEMATIC WITHDRAWAL REQUEST FORM Federated Project and Trade Finance Tender Fund

Please Print or Type

This form should be used to establish and modify Systematic Withdrawals.

This form should be reviewed and completed with the assistance of a financial or tax advisor.

Forward To: First Trust Retirem	ient, c/o SS&C
<u>Regular Mail</u>	<u>Overnight</u> D
PO Box 219221	Mail Stop: F
Kansas City, MO 64121-9221	430 West 7
855-387-3847	Kansas City,

Overnight Delivery Mail Stop: Federated 430 West 7th Street Kansas City, MO 64105-1407

Step 1:	IRA O	WNER I	NFORMA	TION
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IRA Owner Name	Social Security Number	Account Number		
Address	City / State / Zip	Phone Number		
Step 2: SYSTEMATIC WITHDRAWAL INSTRUCTIONS				
Establish New Systematic Withdrawal	Modify Existing Systematic Withdrawal	Discontinue Existing Systematic Withdrawal		
I direct First Trust Retirement, Custodian, to set up my Systema Withdrawal Option Amount		quency Withdrawal Date(s)		
Undirected Cash** \$				
Custodian Calci				
Amount – Specify a designated amount or request custodian to calculate RMD amount Start Month – Month in which Systematic Withdrawal will begin (Must be at least one month past date form is delivered) Frequency – Monthly (Jan, Feb, Mar, etc.), Quarterly (Mar, Jun, Sept, Dec), Semi –Annually (Jun, Dec), Annually (Once per year) 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 th of designated frequency. *The interest rate and annual percentage yield may change at any time. Interest will be compounded and credited on the last day of each calendar month. The daily balance method is used to				
calculate the interest on cash in the account. The bank deposit	is insured up to applicable FDIC limits.			
Step 3: REASON FOR WITHDRAWAL INSTRUCTIONS				
☐ Traditional IRA ☐ Roth		Beneficiary IRA		
	ust be under age 59 ½ - IRS penalty applies unless r			
	Permanent Disability, SEPP, and other identified 72	(t) qualified exceptions. Documentary evidence		
required) Normal Distribution (Account holder age 5)				
(
Step 4: RMD INSTRUCTIONS	ficiary IRA; Must provide a certified copy of the acc	count holder's Death Certificate)		
Traditional IRA	SEP IRA	Beneficiary IRA		
Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINU	-			
	NOT started for the original/deceased account hold	er.		
Please select one of the following options:				
Lump Sum (I wish to receive the distributi	on in a single lump-sum payment)			
 +5 years (I wish to take distributions over a five-year period) Life (I wish to take distributions based on my life expectancy) 				
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				
Required minimum distributions (RMDs) HAD	started for the original/deceased account holder.			
Please select one of the following options:				
\Box I wish to take distributions based on the c	oldest beneficiary's life expectancy. (If you are the olde	est beneficiary, your LE will be used)		
U wish to continue taking distributions in t	he manner elected by the original account owner			



Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED F	ROM PAGE 1)	
Required 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:		
Surviving spouse. If a surviving spouse, register my IRA:		
As a Beneficiary IRA		
In my name (not a Beneficiary IRA)		
A non-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:		
Step 6: PAYMENT METHOD		
Mail check to the address currently on file.		
	·	bank instructions. (Complete below section)
Checking (Voided Check	Required) Savings (Letter on B	ank Letterhead Required)
		iank Letternead Required)
	uting ABA Number (9-digits)	Bank Account Number
Bank Name Ro		
Bank Name Ro Bank Account Registration (Include all registration names) • Only one bank account may be on file. • Signature of bank account owner must be same as IRA holder.	 • Temporary and Starter checks are not acceptable. • If voided check is not available, a letter on bank letterhead 	
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IRA Owner Signature

Date