

## **INCOME DISTRIBUTION REQUEST FORM Greenbacker Renewable Energy Company, LLC**

## **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.

Regular Mail PO Box 219731 Kansas City, MO 64121-9731

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

Overnight Delivery Mail Stop: Greenbacker 430 West 7th Street Kansas City, MO 64105-1407 855-387-3847

Step 1: IRA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)
IIIA OWIEI Name	Social Security Number	Date of Biltin	The Account Number (II Applicable)
Address	City/State/Zip	Email	Phone Number
Step 2: PRODUCT SELECTION			
Greenbacker Renewable Energy C	ompany, LLC*		
*Income distributions for Greenbacker Be	pnowahla Engray Company II C are proces	sed in assardance with their rest	pective distribution programs and are subject to
-	ises for frequency and availability details o	•	. 5
, , ,			distribution type in step 3 and payment method i
Step 4.			
•			
To participate in the Distribution Reinve Step 3: INCOME DISTRIBUTION INSTRUC		on the applicable Subscription A	greement or product sponsor update form.
Traditional IRA	Roth IRA	☐ SEP IRA	Beneficiary IRA
			<del>-</del>
	nolder must be under age 59 ½ - IRS penalt		• •
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)			
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	ease note that if requesting an IRA Truste dallion Signature Guarantee stamp may b		the accepting custodian and complete their
Step 4: PAYMENT METHOD	Julion Signature Guarantee Stamp may b	se required on their transfer for	n.
Taxable Options:			
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.			
Non-Taxable Options:			
Deposit each into my Undirected Cash Assount			
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			
Letter of Acceptance. This custodial sign off is only required at time of distribution establishment. Please note that this form cannot be notarized.			
·		-	
Payee or Account Name			
A consust Number			
Account Number			
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

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