**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 Retirement, c/o SS&C

| _Regular Mail_ | _Overnight Delivery_ |
|---|---|
| PO Box 219731 | Mail Stop: Greenbacker |
| Kansas City, MO 64121-9731 | 430 West 7th Street |
| 855-387-3847 | Kansas City, MO  64105-1407 |

## Step 1:  IRA OWNER INFORMATION

| 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 Systematic Withdrawal as follows:

| **Withdrawal Option** | **Amount** | | **Start Month** | **Frequency** | **Withdrawal Date(s)** |
|---|---|---|---|---|---|
| ☐ Undirected Cash** | $ _____ | OR | _____ | ☐ M  ☐ Q  ☐ SA  ☐ A | _____ |
| | ☐ _Custodian Calculated RMD_ | | | | |

_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 15th 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 IRA**  ☐ **SEP IRA**  ☐ **Beneficiary IRA**

☐ Premature Distribution (Account holder must be under age 59 ½ - IRS penalty 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)

## Step 4: RMD INSTRUCTIONS

☐ **Traditional IRA**  ☐ **SEP IRA**  ☐ **Beneficiary IRA**

## Step 5: 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:

   ☐ Lump Sum (I wish to receive the distribution 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:

   ☐ 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

## Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM 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.

Electronically transfer funds by ACH:    ☐ Current Banking Instructions on file    ☐ New bank instructions. *(Complete below section)*

**New Bank Instructions**    ☐ Checking (Voided Check Required)    ☐ Savings (Letter on Bank Letterhead Required)

_____    _____    _____
Bank Name    Routing ABA Number (9-digits)    Bank Account Number

Bank Account Registration (Include all registration names)
- *Only one bank account may be on file.*    • *Temporary and Starter checks are not acceptable.*
- *Signature of bank account owner must be same as IRA holder.*    • *If voided check is not available, a letter on bank letterhead signed by a branch manager outlining all above information.*

## Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED) (Form W-4P/OMB No. 1545-0415)

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 8: SIGNATURE REQUIRED

I hereby acknowledge that this agreement is between the IRA Owner named in Step 1 and the Custodian and that Product and its affiliates (i) shall have no obligations or liability under this agreement or for any transactions executed in connection herewith; (ii) shall have no responsibility, discretion or involvement in evaluating or selecting assets or investments; and (iii) shall not be deemed to be a "fiduciary" as defined in the Employee Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the Internal Revenue Code of 1986, as amended, with respect to any assets or property of the IRA account.

_____    _____
IRA Owner Signature    Date