

RMD CALCULATION FORM Griffin Capital

Please Print or Type

This form should be used by the IRA owner or owner of a Beneficiary IRA to request an RMD Calculation only. This form does NOT request a distribution, if you need to request a distribution please refer to the FTR website for the appropriate Withdrawal or Liquidation form.

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

Regular Mail Overnight Delivery
PO Box 219133 Mail Stop: Griffin Capital
Kansas City, MO 64121-9133 430 West 7th Street
855-387-3847 Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION				
IRA Owner Name		Social Security Number	Date of Birth	FTR Account Number
		•		
Address		City/State/Zip	Email	Phone Number
Step 2: RMD CALCULATION OPTIONS			<u> </u>	
Traditional IRA	Ш	SEP IRA	∐ Be	eneficiary IRA (Must complete Step 3)
(year) One-time Custo	dian Calculated R	MD using only FTR 12/31 accou	nt balance.	
Step 3: BENEFICIARY IRA RMD OPTIONS	D NOT started fo	u the evicinal/decessed essecu	st holdon	
Required minimum distributions (RMDs) HA		-	it noider.	
I wish to calculate distributions l Required minimum distributions (RMDs) HA	,	· '	der.	
I wish to calculate distributions I	based on the olde	st beneficiary's life expectancy.	(If you are the oldest benefici	ary, your LE will be used)
I wish to calculate distributions I Required information for Beneficiary RMD Ca	_	nal account owner's life expect	ancy.	
Name of prior participant/account owr	ner:			
Date of birth of prior participant/accou	int owner:			
Date of death of prior participant/acco	unt owner:			
Date of birth of the oldest Beneficiary:				
Step 4: CALCULATION MAILING METHOD				
Shareholder Address of Record:				
FTR will mail the calculation to the	e address listed o	n the account.		
Broker Address of Record:				
FTR will mail the calculation to the	e address on file f	or the Financial Advisor.		
Other Address:				
FTR will mail to the address provi	ded below. (IRA C	wner's signature required)		
First and Last Name	Maili	ng Address	City/State	e/Zip
Step 5: SIGNATURE REQUIRED				
By signing below, I certify that the information	on I have provided	I is true and correct, and I autho	orize the Custodian to mail my	RMD Calculation as instructed above.
The Financial Advisor listed on the account may sign if the calculation request is mailed ONLY to Broker Address of Record or Shareholder Address of Record.				
	,			
104.0	Cianatura (an atla	or authorized person*)		Data

IRA Owner Signature (or other authorized person*)

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