

INCOME DISTRIBUTION REQUEST FORM Griffin Capital

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.

Step 1: IRA OWNER INFORMATION

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

IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)
Address Step 2: PRODUCT SELECTION	City/State/Zip	Email	Phone Number
review their prospectuses for frequency of By submitting this form I am requesting Step 4.	state Fund*	al at 888-926-2688. come distributions. Please sele	ect distribution type in step 3 and payment method in
To participate in the Distribution Reinvention Step 3: INCOME DISTRIBUTION INSTRU		on the applicable Subscription	Agreement or product sponsor update form.
☐ Traditional IRA	Roth IRA	SEP IRA	☐ Beneficiary IRA
Premature Exempt Distribution (I Normal Distribution (Account hole Death Distribution (If not already IRA Trustee to Trustee Transfer Preserved)	der age 59 ½ or over) in a Beneficiary IRA; Must provide a certi	other identified 72 (t) qualified fied copy of the account holder tee transfer you need to contact	exceptions. (Documentary evidence required) 's Death Certificate) It the accepting custodian and complete their
Step 4: PAYMENT METHOD	aumon organizare duarantee stamp may	be required on their transfer je	
Electronically transfer funds to Mail check to a third party list Non-Taxable Options: Deposit cash into my Undirect Transfer my income distribution of a Trustee to Trustee transfer and the second of the secon	ted below. ted Cash Account ons to the custodian listed below as a Tru sfer, this form must be signed and Signa	red for new instructions. Signato ustee to Trustee Transfer ture Guaranteed by accepting o	o days.) Sure Guarantee required if adding bank within 30 days) Sustodian OR must include the custodian's signed lease note that this form cannot be notarized.
Payee or Account Name			
Account Number			
Street Address			
City, State & ZIP			Signature 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.

6/2019