

INCOME DISTRIBUTION REQUEST FORM Guggenheim Investments

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.

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

Regular Mail Overnight Delivery
PO Box 219383 Mail Stop: Guggenheim
Kansas City, MO 64121-9383 430 West 7th Street
855-387-3847 Kansas City, MO 64105-1407

Step 1: IKA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)
Address	City/State/Zip	Email	Phone Number
Step 2: PRODUCT SELECTION			
Guggenheim Credit Income Fund 20:	19* Guggenheim Cred	lit Income Fund 2016 T*	
*Income distributions for Guggenheim Investoral availability. Please review their prospectuse	•	·	,
By submitting this form I am requesting Fig	rst Trust Retirement to pay out my inc	come distributions. Please select	distribution type in step 3 and payment method i
Step 4.			
To participate in the Distribution Reinvesti	ment Plan (DRP) it must be indicated	on the applicable Subscription As	greement or product sponsor undate form.
Step 3: INCOME DISTRIBUTION INSTRUCTION		on the approadic subscription 74	recinent or produce sponsor apacte form
☐ Traditional IRA	Roth IRA	SEP IRA	Beneficiary IRA
Premature Distribution (Account hol	der must be under age 59 ½ - IRS pena	lty applies unless rollover occurs v	vithin 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)			
	, , ,	, ,	he accepting custodian and complete their
Step 4: PAYMENT METHOD	llion Signature Guarantee stamp may	be required on their transfer form	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 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.			
Letter of Acceptance. This custo	dial sign off is only required at time o	f distribution establishment. Plea	ise note that this form cannot be notarized.
Payee or Account Name			
Account Number			
Account Number			
			1
Street Address			
			1
City, State & ZIP		Sid	gnature Guarantee
only, oldic a Lii		J18	matare duarantee



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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.