

SYSTEMATIC WITHDRAWAL REQUEST FORM

NexPoint/Highland Capital Management

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 219630 Mail Stop: NexPoint Advisors Kansas City, MO 64121-9630 430 West 7th Street

855-387-3847 Kansas City, MO 64105-1407

Step 1: IKA 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	□ sa □ a	
☐ Custodian Calc	ulated 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 15 th 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 5	9½ 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		, in the second second	
☐ Traditional IRA	☐ SEP IRA	☐ Beneficiary IRA	
Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINU	ED 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			



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Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM	I 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, acco	unt will be registered as a Beneficiary IRA	<u>).</u>	
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:	ng Instructions on file	New bank instructions. (Complete below section)	
Now Book Instructions		, ,	
Checking (Voided Check Red	juired) Savings (Letter	on Bank Letterhead Required)	
Bank Name Routing	g ABA Number (9-digits)	Bank Account Number	
Bank Account Registration (Include all registration names)			
, , ,	mporary and Starter checks are not acceptable.		
Signature of bank account owner must be same as IRA holder. If v Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST BE C)		head signed by a branch manager outlining all above information.	
In compliance with the "Tax Equity and Fiscal Responsibility Act,	, , , , , , , , , , , , , , , , , , , ,	•	
distributions. You may exercise your right to elect not to have fu	· · · · · · · · · · · · · · · · · · ·		
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 am	ount withdrawn (must be at least 10%).		
Step 8: SIGNATURE REQUIRED			
I hereby acknowledge that this agreement is between the IRA Owner named in Step 2	and the Custodian and that Product and its affiliates (i) sha	all have no obligations or liability under this agreement or for any transactions	
executed in connection herewith; (ii) shall have no responsibility, discretion or involving Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the International Control of the International Control			
		- :	
IRA Owner Sign	ature	Date	