RMD CALCULATION FORM
Inland Real Estate Investment Corporation

FIRST TRUST RETIREMENT

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 219182	Mail Stop: Inland Real Estate
Kansas City, MO 64121-9182	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

☐ **Traditional IRA** ☐ **SEP IRA** ☐ **Beneficiary IRA** (*Must complete Step 3*)

________________ (year) One-time Custodian Calculated RMD using only FTR 12/31 account balance.

Step 3: BENEFICIARY IRA RMD OPTIONS

Required minimum distributions (RMDs) HAD NOT started for the original/deceased account holder.

☐ I wish to calculate distributions based on my life Expectancy.

Required minimum distributions (RMDs) HAD started for the original/deceased account holder.

☐ I wish to calculate distributions based on the oldest beneficiary's life expectancy. (*If you are the oldest beneficiary, your LE will be used*)

☐ I wish to calculate distributions based on the original account owner's life expectancy.

Required information for Beneficiary RMD Calculation:

Name of prior participant/account owner: ____________________

Date of birth of prior participant/account owner: ____________________

Date of death of prior participant/account owner: ____________________

Date of birth of the oldest Beneficiary: ____________________

Step 4: CALCULATION MAILING METHOD

Shareholder Address of Record:

☐ FTR will mail the calculation to the address listed on the account.

Broker Address of Record:

☐ FTR will mail the calculation to the address on file for the Financial Advisor.

Other Address:

☐ FTR will mail to the address provided below. (IRA Owner's signature required)

First and Last Name | Mailing Address | City/State/Zip

Step 5: SIGNATURE REQUIRED

By signing below, I certify that the information I have provided is true and correct, and I authorize 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.

IRA Owner Signature (or other authorized person*) | Date

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