

Pleas	se Print or Type		Forward To:	Forward To: First Trust Retirement, c/o SS&C		
	ORTANT INFORMATION		<u>Regular Mail</u>			
	•	fic rules around income distributions, plea hin the specific product prospectus for det		84 Mail Stop: KKR Adviso MO 64121-9984 430 West 7th Street	ors	
This form is not for withdrawal requests.			855-387-384		05-1407	
Step 1	1: IRA OWNER INFORMATION					
IRA O	wner Name	Social Security Number	Date of Birth	FTR Account Number (If A	Applicable)	
Addre	2: PRODUCT SELECTION	City/State/Zip	Email	Phone Number		
	Corporate Capital Trust II*					
_						
*Inco	me distributions for Corporate Co	apital Trust II are processed in accordance	with their respective distributio	on programs and are subject to		
availa	ability. Please review their prospe	ectuses for frequency and availability detail	ls or call Corporate Capital Tru	st II at 877-628-8575.		
By su	bmitting this form I am request	ing First Trust Retirement to pay out my i	ncome distributions. Please se	elect distribution type in step 3 and payme	ent method in	
Step 4	4.					
То ра	rticipate in the Distribution Reir	vestment Plan (DRP), it must be indicate	d on the applicable Subscripti	on Agreement or product sponsor update	form.	
Step 3	3: INCOME DISTRIBUTION INSTI	RUCTIONS				
	Traditional IRA	🗋 Roth IRA	SEP IRA	Beneficiary IR	Α	
	Premature Distribution (Accour	nt holder must be under age 59 ½ - IRS per	nalty applies unless rollover oc	curs within 60 days)		
	Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. (Documentary evidence required)					
	Death Distribution (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate)					
				tact the accepting custodian and complete	their	
Sten	transfer (TOA) paperwork. A l 4: PAYMENT METHOD	Medallion Signature Guarantee stamp ma	y be required on their transfe	r form.		
-	ble Options:					
	Mail check to the address of	currently on file (Signature Guarantee requ	ired 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 day					
Mail check to a third party listed below.						
Non-	Taxable Options:					
Г	Deposit cash into my Undir	ected Cash Account				
	¬ · · ·		rustaa ta Trustaa Transfar			
L_	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					
				. Please note that this form cannot be not	-	
Davia	4					
Рауее	e or Account Name					
Αссοι	unt Number					
Stree	t Address					
City	State 9 71D			Signature Cuarantes		
City, S	State & ZIP			Signature Guarantee		
City, S	State & ZIP			Signature Guarantee		



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