

Please Print or TypeThis form should be used by the IRA owner or owner of a Beneficiary IRA to request distributions from the account.This form should be reviewed and completed with the assistance of a financial or tax advisor.Step 1: IRA OWNER INFORMATION		Forward To: First Trust Retire <u>Regular Mail</u> PO Box 219984 Kansas City, MO 64121-9984 855-387-3847	ement, c/o SS&C <u>Overnight Delivery</u> Mail Stop: KKR Advisors 430 West 7th Street Kansas City, MO 64105-1407
IRA Owner Name/Beneficiary Name*	Social Security Number*	Date of Birth*	FTR Account Number (If Applicable)
Address* *If completing for a death distribution, please	City/State/Zip* provide the beneficiary information in thi	Email s section. A Certified Copy of the Do	Phone Number* eath Certificate is required.
Step 2: PRODUCT SELECTION Corporate Capital Trust II*	Undirected Cash Account**		
*Redemptions for Corporate Capital Trust II are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review the prospectuses for details or call Corporate Capital Trust II at 877-628-8575. **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: ONE TIME WITHDRAWAL INSTRUCTIONS			
Traditional IRA	Roth IRA	SEP IRA	Beneficiary IRA
 Redeem ENTIRE account Redeem PARTIAL amount of \$ 	or	shares from account	
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION REASON			
 Premature Distribution (Account holder m Premature Exempt Distribution (Including Normal Distribution (Account holder age 5 Death Distribution (If not already in a Bend Return of Excess Contribution Amount \$ Current Year Current Year Current Year Direct Roth IRA Conversion Amount \$ IRA Trustee to Trustee Transfer Liquidate a TOA paperwork is received) Please note t transfer (TOA) paperwork. A Medallion S *Deadline to recharacterize a contribution or reextensions including an automatic 6-month extension 	Permanent Disability, SEPP, and other iden 9 ½ or over) eficiary IRA; Must provide a certified copy of * Prior Year * Prior Year and move proceeds to Undirected Cash acc hat if requesting an IRA Trustee transfer y ignature Guarantee stamp may be require emove an excess contribution is the IRA Ov	ntified 72 (t) qualified exceptions.) of the account holder's Death Certif count (Proceeds will be deposited in <i>you need to contact the accepting c</i> <i>ed on their transfer form.</i> yner's tax filing deadline (for the tax	ficate) n Undirected Cash account until the custodian and complete their
Traditional IRA	SEP IRA	🔲 Beneficiary IRA (Mu	st complete step 6)
One-time (year) RI			
Custodian Calculated Step 6: BENEFICIARY IRA RMD OPTIONS (CONT	(year) RMD		
Required minimum distributions (RMDs)	•	ed account holder.	
Please select one of the following options:	ibution in a single lump-sum payment) over a five-year period) d on my life expectancy)		<u>e select one:</u>



Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
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 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) Anon-spousal beneficiary (for non-spousal beneficiary, account will be registered as a Beneficiary IRA). I am the oldest beneficiary of this IRA. Date of Birth of Oldest Beneficiary:
Step 7: PAYMENT METHOD Taxable Options:
 Transfer in Kind my shares to my non-qualified account; Existing Account Number Create New Account (Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.) 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. Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be notarized. Non-Taxable Options: Deposit cash into my Undirected Cash Account Transfer in Kind my IRA; Existing Account Number Create New Account (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions)
Payee or Account Name
Account Number
Street Address
City, State & ZIP Signature Guarantee



Step 8: 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.

Please note that withholding cannot be done for Transfers-in-Kind or Transfers to Non-Qualified accounts.

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 9: SUBSTITUTE W-9

I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on the Transfer Agreement is true, correct and complete, (ii) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person. Step 10: 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 * If signing as Power of Attorney, valid POA documents must be included. Date