

RMD CALCULATION FORM Jones Lang LaSalle Income Property Trust

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 219165
 Mail Stop: LaSalle

 Kansas City, MO 64121-9165
 430 West 7th Street

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

Step 1. The OWNER THE ORIGINATION			
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number
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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 Calc	ulated RMD using only FTR 12/31 acco	ount balance.	
Step 3: BENEFICIARY IRA RMD OPTIONS			
Required minimum distributions (RMDs) HAD NOT s	tarted for the original/deceased accou	unt holder.	
I wish to calculate distributions based on Required minimum distributions (RMDs) HAD started		older.	
I wish to calculate distributions based on	the oldest beneficiary's life expectance	y. (If you are the oldest bene	ficiary, your LE will be used)
I wish to calculate distributions based on	the original account owner's life exped	ctancy.	
Required information for Beneficiary RMD Calculation	<u>ı:</u>		
Name of prior participant/account owner:			
Date of birth of prior participant/account owner	:		
Date of death of prior participant/account owner	er:		
Date of birth of the oldest Beneficiary:			
Step 4: CALCULATION MAILING METHOD Shareholder Address of Record:			
FTR will mail the calculation to the address Broker Address of Record:	s listed on the account.		
FTR will mail the calculation to the address	on file for the Financial Advisor		
Other Address:	on the for the Financial Advisor.		
FTR will mail to the address provided below	w. (IRA Owner's signature required)		
	, ,		
First and Last Name	Mailing Address	City/S	tate/Zip
Step 5: SIGNATURE REQUIRED	Ü		
By signing below, I certify that the information I have	provided is true and correct, and I autl	horize 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 OI	NLY to Broker Address of Re	cord or Shareholder Address of Record.
9	e (or other authorized person*) ey, valid POA documents must be inclu	ded.	Date

6/2019