

**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.

SYSTEN	IATIC WITHDRAWAL REQUEST
	FORM
lones Lan	g LaSalle Income Property Trust

Forward To: First Trust Retireme
<u>Regular Mail</u>
PO Box 219165
Kansas City, MO 64121-9165
855-387-3847

ent, c/o SS&C **Overnight Delivery** Mail Stop: LaSalle 430 West 7th Street Kansas City, MO 64105-1407

Step 1:	IRA	OWNER	INFORM	ATION
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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 System Withdrawal Option Amount		quency Withdrawal Date(s)
Undirected Cash** \$		
Custodian Ca	culated RMD	
	gin (Must be at least one month past date form is delivered) n, Sept, Dec), Semi –Annually (Jun, Dec), Annually (Once per year) r 31 are chosen, 28 will be used.) Any withdrawals that occur over	a weekend or non-business day will be processed the following
*The interest rate and annual percentage yield may change a calculate the interest on cash in the account. The bank depose Step 3: REASON FOR WITHDRAWAL INSTRUCTIONS	t any time. Interest will be compounded and credited on the last d it is insured up to applicable FDIC limits.	ay of each calendar month. The daily balance method is used to
	h IRA 🛛 SEP IRA	Beneficiary IRA
	nust be under age 59 ½ - IRS penalty applies unless r	•
	Permanent Disability, SEPP, and other identified 72	
Normal Distribution (Account holder age	59 ½ or over)	
Death Distribution (If not already in a Ben Step 4: RMD INSTRUCTIONS	eficiary IRA; Must provide a certified copy of the ac	count holder's Death Certificate)
Traditional IRA	SEP IRA	Beneficiary IRA
Step 5: BENEFICIARY IRA RMD OPTIONS (CONTIN	JED ON PAGE 2)	· · · · ·
Required minimum distributions (RMDs) HA	D NOT started for the original/deceased account hold	er.
Please select one of the following options:		
Lump Sum (I wish to receive the distribution	tion in a single lump-sum payment)	
+5 years (I wish to take distributions over	r a five-year period)	
Life (I wish to take distributions based o	n my life expectancy)	
If you are the spouse of the original account owne	r, you may elect to have your life expectancy recalculat	ed each year. Please select one:
Recalculated each year		
Not recalculated each year		
Required minimum distributions (RMDs) HA	D 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 old	est beneficiary, your LE will be used)





Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM 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, account will be registered as a Beneficiary IRA).
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:
Electronically transfer funds by ACH: Current Banking Instructions on file New bank instructions. (Complete below section)
New Bank Instructions       Current Banking Instructions on file       New Bank Instructions. (Complete below section)         Savings (Letter on Bank Letterhead Required)       Savings (Letter on Bank Letterhead Required)
New Park Instructions Complete Below Section
New Bank Instructions     Current Banking instructions of the     New Bank Instructions (Complete Below Section)       New Bank Instructions     Checking (Voided Check Required)     Savings (Letter on Bank Letterhead Required)
New Park Instructions Complete Below Section
New Bank Instructions     Checking (Voided Check Required)     Savings (Letter on Bank Letterhead Required)       Bank Name     Routing ABA Number (9-digits)     Bank Account Number
New Bank Instructions       Checking (Voided Check Required)       Savings (Letter on Bank Letterhead Required)         Bank Name       Routing ABA Number (9-digits)       Bank Account Number         Bank Account Registration (Include all registration names)       Bank Account Registration (Include all registration names)
New Bank Instructions       Checking (Voided Check Required)       Savings (Letter on Bank Letterhead Required)         Bank Name       Routing ABA Number (9-digits)       Bank Account Number         Bank Account Registration (Include all registration names)       • Temporary and Starter checks are not acceptable.       • If voided check is not available, a letter on bank letterhead signed by a branch manager outlining all above information.
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I hereby acknowledge that this agreement is between the IRA Owner named in Step 1 and the Custodian and that Product and its affiliates (i) shall have no obligations or liability under this agreement or for any transactions executed in connection herewith; (ii) shall have no responsibility, discretion or involvement in evaluating or selecting assets or investments; and (iii) shall not be deemed to be a "fiduciary" as defined in the Employee Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the Internal Revenue Code of 1986, as amended, with respect to any assets or property of the IRA account.

IRA Owner Signature

Date