

## INCOME DISTRIBUTION REQUEST FORM Clarion Partners Real Estate Income Fund

Please Print or Type IMPORTANT INFORMATION Each alternative investment has specific the terms and conditions outlined within This form is not for withdrawal request	n the specific product prospectus for	<u>Reqular Mail</u> lease review PO Box 219520	Trust Retirement, c/o SS&C <u>Overnight Delivery</u> Mail Stop: CPREIF 1121-9520 430 West 7th Street Kansas City, MO 64105-1407
Step 1: IRA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)
Address Step 2: PRODUCT SELECTION	City/State/Zip	Email	Phone Number
CP Real Estate Income Fund, Inc.	*		
*Income distributions for CP Real Estate availability. Please review their prospect By submitting this form I am requesting Step 4.	uses for frequency and availability de	tails or call CP Real Estate Income Fund	
To participate in the Distribution Reinv Step 3: INCOME DISTRIBUTION INSTRU		ated on the applicable Subscription Ag	reement or product sponsor update form.
Traditional IRA	Roth IRA	SEP IRA	Beneficiary IRA
Premature Exempt Distribution (II         Normal Distribution (Account hold         Death Distribution (If not already         IRA Trustee to Trustee Transfer P         transfer (TOA) paperwork. A Me         Step 4: PAYMENT METHOD         Taxable Options:         Mail check to the address cur         Electronically transfer funds         Mail check to a third party list         Non-Taxable Options:         Deposit cash into my Undirect         Transfer my income distribut         For a Trustee to Trustee to Trustee transfer	ncluding Permanent Disability, SEPP, der age 59 ½ or over) in a Beneficiary IRA; Must provide a dease note that if requesting an IRA edallion Signature Guarantee stamp frently on file (Signature Guarantee re by ACH to my bank (Voided check is re ted below. ted Cash Account ions to the custodian listed below as usfer, this form must be signed and Si	certified copy of the account holder's D Trustee transfer you need to contact th may be required on their transfer form equired if address changed within 30 da equired for new instructions. Signature a Trustee to Trustee Transfer ignature Guaranteed by accepting cust	ceptions. (Documentary evidence required) Death Certificate) <i>he accepting custodian and complete their</i> <b>n</b> .
Payee or Account Name Account Number Street Address		_	
City, State & ZIP		— Sig	nature 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