

## 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.

SYSTEMATIC WITHDRAWAL REQUEST
FORM
Lightstone Real Estate Investments

Forward To: First Trust Retireme	ent, c/o SS&C
<u>Regular Mail</u>	<u>Overnight D</u>
PO Box 219002	Mail Stop: 1
Kansas City, MO 64121-9002	430 West 7
855-387-3847	Kansas City,

Overnight Delivery Mail Stop: Lightstone Group REIT 430 West 7th Street Kansas City, MO 64105-1407

Step 1:	IRA O	WNER II	NFORM	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	atic Withdrawal as follows:	
Withdrawal Option Amount	Start Month Fre	quency Withdrawal Date(s)
Undirected Cash** \$	OR 🗆 M 🗋 Q	🗆 SA 🗌 A
🗌 Custodian Cal	culated RMD	
	iin (Must be at least one month past date form is delivered) Ŋ 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	any time. Interest will be compounded and credited on the last do t 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
	hust be under age 59 $\frac{1}{2}$ - IRS penalty applies unless r	-
	Permanent Disability, SEPP, and other identified 72	
Normal Distribution (Account holder age 5)	59 ½ or over)	
Death Distribution (If not already in a Ben	eficiary IRA; Must provide a certified copy of the ac	count holder's Death Certificate)
Step 4: RMD INSTRUCTIONS		
Traditional IRA	SEP IRA	Beneficiary IRA
Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINU		
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 distribu	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 or	n my life expectancy)	
If you are the spouse of the original account owner	, 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:		
$\Box$ 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 F	ROM 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:		
In my name (not a Beneficiary IRA)		
A non-spousal beneficiary (for non-spousal beneficiary,	account will be registered as a Beneficiary IRA	<u>A).</u>
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.	_	
	Banking Instructions on file	New bank instructions. (Complete below section)
New Bank Instructions         Current B           Checking (Voided Checking)         Checking (Voided Checking)	·	New bank instructions. ( <i>Complete below section</i> ) r on Bank Letterhead Required)
	·	
New Bank Instructions Checking (Voided Checking	·	
New Bank Instructions Checking (Voided Checking	k Required) Savings (Lette	r on Bank Letterhead Required)
New Bank Instructions     Checking (Voided Checking)       Bank Name     Ro	k Required) Savings (Lette	r on Bank Letterhead Required)
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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