

INCOME DISTRIBUTION REQUEST FORM Lincoln Income and Growth

Please Print or Type IMPORTANT INFORMATION

Each alternative investment has specific rules around income distributions, please review the terms and conditions outlined within the specific product prospectus for details.

This form is not for withdrawal requests.

Forward To: First Trust Retirement, c/o SS&C

Regular Mail Overnight Delivery
PO Box 219731 Mail Stop: Lincoln
Kansas City, MO 64121-9731 430 West 7th Street
855-387-3847 Kansas City, MO 64105-1407

| Step 1: IRA OWNER INFORMATION | | | |
|---|--|-------------------------------------|--|
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| IDA O No | Carial Caracita Nambar | Data of Birdh | ETD Assess of New York Asset See Health |
| IRA Owner Name | Social Security Number | Date of Birth | FTR Account Number (If Applicable) |
| | | | |
| Address | City/State/Zip | Email | Phone Number |
| Step 2: PRODUCT SELECTION | | | |
| Lincoln Retail Income & Growth* | | | |
| | | | |
| *Income distributions for Lincoln Retail Inc | • | ' | |
| availability. Please review their prospectus | | | |
| | rist Trust Retirement to pay out my inco | ome distributions. Please select | distribution type in step 3 and payment method i |
| Step 4. | | | |
| To participate in the Distribution Reinves | tment Plan (DRP), it must be indicated | on the applicable Subscription Ag | greement or product sponsor update form. |
| Step 3: INCOME DISTRIBUTION INSTRUC | TIONS | | |
| ☐ Traditional IRA | Roth IRA | SEP IRA | Beneficiary IRA |
| Premature Distribution (Account he | older must be under age 59 ½ - IRS penal | ty applies unless rollover occurs v | vithin 60 days) |
| Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. (Documentary evidence required) | | | |
| Normal Distribution (Account holder age 59 ½ or over) | | | |
| Death Distribution (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate) | | | |
| | • | • • | he accepting custodian and complete their |
| | allion Signature Guarantee stamp may l | • • | |
| Step 4: PAYMENT METHOD | | | |
| Taxable Options: | | | |
| 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 liste | d below. | | |
| Non-Taxable Options: | | | |
| Deposit cash into my Undirecte | ed Cash Account | | |
| | | | |
| Transfer my income distributions to the custodian listed below as a Trustee to Trustee Transfer For a Trustee to Trustee transfer, this form must be signed and Signature Guaranteed by accepting custodian OR must include the custodian's signed | | | |
| Letter of Acceptance. This custodial sign off is only required at time of distribution establishment. Please note that this form cannot be notarized. | | | |
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| | | | |
| Payee or Account Name | | | |
| | | | |
| | | | |
| Account Number | | | |
| | | | |
| C) IAII | | | |
| Street Address | | | |
| | | | |
| City, State & ZIP | | Cia | gnature Guarantee |
| City, State & Zir | | 31 | Shature Guarantee |



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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