

INCOME DISTRIBUTION REQUEST FORM Carlyle Tactical Private Credit Fund

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 219895 Mail Stop: Carlyle
Kansas City, MO 64121-9895 430 West 7th Street
855-387-3847 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
Carlyle Tactical Private Credit	Fund*		
to availability. Please review their pr	ctical Private Credit Fund are processed in according some cospectuses for frequency and availability details sting First Trust Retirement to pay out my inc	ils or call Carlyle Tactical Private C	
	einvestment Plan (DRP), it must be indicated	on the applicable Subscription Ag	reement or product sponsor update form.
Step 3: INCOME DISTRIBUTION INS Traditional IRA	TRUCTIONS Roth IRA	☐ SEP IRA	☐ Beneficiary IRA
Premature Exempt Distribution Normal Distribution (Account Death Distribution (If not alre IRA Trustee to Trustee Transf	eady in a Beneficiary IRA; Must provide a certif er <i>Please note that if requesting an IRA Trust</i>	other identified 72 (t) qualified exc fied copy of the account holder's D	Death Certificate) the accepting custodian and complete their
transfer (TOA) paperwork. A Step 4: PAYMENT METHOD	A Medallion Signature Guarantee stamp may	be required on their transfer form	1.
		,	ays.) Guarantee required if adding bank within 30 days
For a Trustee to Trustee	ibutions to the custodian listed below as a Tru	ture Guaranteed by accepting cus	todian OR must include the custodian's signed se note that this form cannot be notarized.
Payee or Account Name			
Account Number			
Street Address	<u> </u>		
City, State & ZIP		Sig	nature 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*)

Date

* If signing as Power of Attorney, valid POA documents must be included.