

SYSTEMATIC WITHDRAWAL REQUEST FORM Carlyle Tactical Private Credit Fund

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.

Forward To: First Trust Retireme	ent, c/o SS&C
<u>Regular Mail</u>	<u>Overnight D</u>
PO Box 219895	Mail Stop: (
Kansas City, MO 64121-9895	430 West 7
855-387-3847	Kansas City,

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

IRA Owner Name		Social Security Number		Acco	ount Number	
Address		City / State / Zip		Phor	ne Number	
Step 2: SYSTEMATIC WITHDRAW	AL INSTRUCTIONS					
Establish New Systematic V	Nithdrawal	Modify Existing Sys	stematic Withdrawal		Discontinue	Existing Systematic Withdrawal
I direct First Trust Retirement, Custodian, to set up my Systematic Withdrawal as follows:						
Withdrawal Option	Amount		Month	Frequency	_	Withdrawal Date(s)
Undirected Cash**	\$	OR	Ц м	Lla Lls	SA 🗆 A _	
	Custodian Calcu					
Amount – Specify a designated amount or request custodian to calculate RMD amount Start Month – Month in which Systematic Withdrawal will begin (Must be at least one month past date form is delivered) Frequency – Monthly (Jan, Feb, Mar, etc.), Quarterly (Mar, Jun, Sept, Dec), Semi –Annually (Jun, Dec), Annually (Once per year) Withdrawal Date(s) – Select a date between 1–28. (If 29, 30, or 31 are chosen, 28 will be used.) Any withdrawals that occur over a weekend or non-business day will be processed the following business day. If Withdrawal Date is not provided, it will default to the 15 th of designated frequency.						
*The interest rate and annual percentage yield may change at any time. Interest will be compounded and credited on the last day of each calendar month. The daily balance method is used to calculate the interest on cash in the account. The bank deposit is insured up to applicable FDIC limits.						
Step 3: REASON FOR WITHDRAW		IDA				Demoficiere IDA
Traditional IRA	Roth					Beneficiary IRA
Premature Distribution		-				
Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. Documentary evidence required)						
Normal Distribution (Ac	count holder age 59	9 ½ or over)				
Death Distribution (If no	ot already in a Bene	ficiary IRA; Must provide	a certified copy o	f the account	holder's Deat	th Certificate)
Step 4: RMD INSTRUCTIONS						
Traditional IRA					Beneficiary	/ IRA
Step 5: BENEFICIARY IRA RMD (unt holden		
Required minimum distrib		NOT started for the origi	nal/deceased accol	int noider.		
Please select one of the following options:						
Lump Sum (I wish to receive the distribution in a single lump-sum payment)						
+5 years (I wish to take distributions over a five-year period)						
Life (I wish to take distributions based on my life expectancy)						
If you are the spouse of the original account owner, you may elect to have your life expectancy recalculated each year. Please select one:						
Recalculated each year						
Not recalculated each	ı year					
Required minimum distributions (RMDs) HAD started for the original/deceased account holder.						
Please select one of the following options:						
I wish to take distribu	itions based on the c	ldest beneficiary's life exp	pectancy. (<i>If you are</i>	the oldest be	neficiary, your	LE will be used)
_						





	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:		
As a Beneficiary IRA		
In my name (not a Beneficiary IRA)		
A non-spousal beneficiary (for non-spousal beneficiary, a	ccount will be registered as a Beneficiary IRA	<u>).</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.	Inking Instructions on file	New bank instructions. (Complete below section)
	° _	
New Bank Instructions Checking (Voided Check	Required) L Savings (Letter	on Bank Letterhead Required)
Bank Name Rou	iting ABA Number (9-digits)	Bank Account Number
Bank Name Rou	iting ABA Number (9-digits)	Bank Account Number
Bank Name Rou Bank Account Registration (Include all registration names)	iting ABA Number (9-digits)	Bank Account Number
Bank Account Registration (Include all registration names) Only one bank account may be on file. 	• Temporary and Starter checks are not acceptable.	
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Bank Account Registration (Include all registration names) • Only one bank account may be on file. • Signature of bank account owner must be same as IRA holder. Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST B In compliance with the "Tax Equity and Fiscal Responsibility A	• Temporary and Starter checks are not acceptable. • If voided check is not available, a letter on bank letter. • ECOMPLETED) (Form W-4P/OMB No. 1545-04 Act," First Trust Retirement, as custodian, is req	rhead signed by a branch manager outlining all above information. 1 15) uired to withhold Federal Income Tax from all IRA
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IRA Owner Signature

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.

Date