

IRA WITHDRAWAL/RMD FORM Carlyle Tactical Private Credit Fund

Please Print or Type

This form should be used by the IRA owner or owner of a Beneficiary IRA to request distributions from the account.

This form should be reviewed and completed with the assistance of a financial or tax advisor.

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/Beneficiary Name* | Social Security Number* | Date of Birth* | FTR Account Number (If Applicable) | |
| oe. | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| Address* | City/State/Zip* | Email | Phone Number* | |
| *If completing for a death distribution, please prov Step 2: PRODUCT SELECTION | ide the beneficiary information in ti | nis section. A Certified Copy of | the Death Certificate is required. | |
| ☐ Carlyle Tactical Private Credit Fund * | ☐ Undirected Cash Account* | * | | |
| Carryle ractical Frivate Credit ruliu | Ondirected Cash Account | | | |
| | | | | |
| *Redemptions for Carlyle Tactical Private Credit Fund are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review the prospectuses for details or call Carlyle Tactical Private Credit Fund at 833-677-3646. | | | | |
| **The interest rate and annual percentage yield ma | | | the last day of each calendar month. The | |
| daily balance method is used to calculate the interes | | • | | |
| Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS | | | | |
| ☐ Traditional IRA | ☐ Roth IRA | ☐ SEP IRA | ☐ Beneficiary IRA | |
| ☐ Redeem ENTIRE account | | | | |
| ☐ Redeem PARTIAL amount of \$ | or | shares from account | | |
| Step 4: ONE TIME WITHDRAWAL DISTRIBUTION RE | ASON | - | | |
| Premature Distribution (Account holder must I | | ies unless rollover occurs withi | n 60 days) | |
| , | | | • • | |
| Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions.) | | | | |
| 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) | | | | |
| | | | | Return of Excess Contribution Amount \$ |
| ☐ Current Year ☐ Prio | or Year | | | |
| Recharacterization Amount \$ | * | | | |
| ☐ Current Year ☐ Prio | or Year | | | |
| ☐ <u>Direct Roth IRA Conversion</u> Amount \$ | | | | |
| IRA Trustee to Trustee Transfer Liquidate and I | move proceeds to Undirected Cash a | ccount (Proceeds will be depo | sited in Undirected Cash account until the | |
| TOA paperwork is received) Please note that if requesting an IRA Trustee transfer you need to contact the accepting custodian and complete their | | | | |
| transfer (TOA) paperwork. A Medallion Signature Guarantee stamp may be required on their transfer form. | | | | |
| *Deadline to recharacterize a contribution or remove an excess contribution is the IRA Owner's tax filing deadline (for the tax year of the contribution), plus any extensions including an automatic 6-month extension for those who file by the tax deadline. | | | | |
| Step 5: RMD INSTRUCTIONS | on for those who life by the tax dead | iiile. | | |
| ☐ Traditional IRA | ☐ SEP IRA | ☐ Beneficiary IF | RA (Must complete step 6) | |
| ☐ One-time (year) RMD f | ior \$ | , | , p p | |
| Custodian Calculated (year) mine : | (year) RMD | | | |
| Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINU | - '' ' | | | |
| | <u> </u> | sed account holder | | |
| , | | | | |
| Please select one of the following options: | | | | |
| Lump Sum (I wish to receive the distribut | | | | |
| +5 years (I wish to take distributions over | | | | |
| Life (I wish to take distributions based on | | | | |
| 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 year | | | | |





| Step | o 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1) | | | |
|------|---|--|--|--|
| | Required minimum distributions (RMDs) HAD started for the original/deceased account holder. | | | |
| Plea | ase select one of the following options: | | | |
| | I wish to take distributions based on the oldest beneficiary's life expectancy. (If you are the oldest beneficiary, your LE will be used) | | | |
| | ☐ I wish to continue taking distributions in the manner elected by the original account owner | | | |
| Req | uired 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: | | | |
| Surv | viving spouse. If a surviving spouse, register my IRA: | | | |
| | As a Beneficiary IRA | | | |
| | ☐ In my name (not a Beneficiary IRA) | | | |
| A no | on-spousal beneficiary (for non-spousal beneficiary, account will be registered as a Beneficiary IRA). | | | |
| | ☐ I am the oldest beneficiary of this IRA. | | | |
| | I am not the oldest beneficiary of this IRA. Date of Birth of Oldest Beneficiary: | | | |
| | | | | |
| | p 7: PAYMENT METHOD able Options: | | | |
| IdA | able Options. | | | |
| | Transfer in Kind my shares to my non-qualified account; Existing Account Number | | | |
| | ☐ Create New Account (Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.) | | | |
| | Mail check to the address currently on file (Signature Guarantee required if address changed within 30 days.) | | | |
| Ш | Electronically transfer funds by ACH to my bank (Voided check is required for new instructions. Signature Guarantee required if adding bank within 30 days, | | | |
| Ц | Mail check to a third party listed below. Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be notarized. | | | |
| Non | n-Taxable Options: | | | |
| | Deposit cash into my Undirected Cash Account | | | |
| | Transfer in Kind my IRA; Existing Account Number | | | |
| | Create New Account (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions) | | | |
| | | | | |
| | | | | |
| Pave | ee or Account Name | | | |
| · uy | ee of Alecount Nume | | | |
| | | | | |
| Acco | ount Number | | | |
| | | | | |
| Stre | eet Address | | | |
| | | | | |
| | | | | |
| City | , State & ZIP Signature Guarantee | | | |



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Step 8: 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. Please note that withholding cannot be done for Transfers-in-Kind or Transfers to Non-Qualified accounts. 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 9: SUBSTITUTE W-9** I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on the Transfer Agreement is true, correct and complete, (ii) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person. **Step 10: 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

Date

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