

IRA WITHDRAWAL/RMD FORM Pacific Office Properties Trust, Inc.

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

<u>Regular Mail</u>

PO Box 219554

Mail Stop: Pacific Office

Kansas City, MO 64121-9554 855-387-3847

430 West 7th Street Kansas City, MO 64105-1407

Properties

Step 1: IRA OWNER INFORMATION				
IRA Owner Name/Beneficiary Name*	Social Security Number*	Date of Birth*	FTR Account Number (If Applicable)	
			, , , , , , , , , , , , , , , , , , , ,	
Address*	City/State/Zip*	Email	Phone Number*	
*If completing for a death distribution, please provide t				
Step 2: PRODUCT SELECTION				
Pacific Office Properties Trust, Inc.*	☐ Undirected Cash Account**			
*Redemptions for Pacific Office Properties Trust, Inc. are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review the prospectuses for details or call Pacific Office Properties Trust, Inc. at 888-820-6609.				
availability. Please review the prospectuses for details of **The interest rate and annual percentage yield may cho			on the last day of each calendar month. The	
daily balance method is used to calculate the interest on				
Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS				
☐ Traditional IRA ☐ R	oth IRA	☐ SEP IRA	☐ Beneficiary IRA	
Redeem ENTIRE account				
Redeem PARTIAL amount of \$	or	shares from account		
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION REASO	N			
Premature Distribution (Account holder must be un	ider age 59 ½ - IRS penalty applie	es unless rollover occurs with	nin 60 days)	
Premature Exempt Distribution (Including Permane	nt Disability, SEPP, and other ide	ntified 72 (t) qualified excep	itions.)	
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 ☐ Prior Yea	ar			
Recharacterization Amount \$	*			
☐ Current Year ☐ Prior Yea	 ar			
Direct Roth IRA Conversion Amount \$				
	nrocoods to Undirected Cash as	ecount (Procoods will be done	asited in Undirected Cash assount until the	
IRA Trustee to Trustee Transfer Liquidate and move proceeds to Undirected Cash account (Proceeds will be deposited 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			r the tax year of the contribution), plus any	
extensions including an automatic 6-month extension fo Step 5: RMD INSTRUCTIONS	r those who file by the tax deadi	ne.		
☐ Traditional IRA	SEP IRA	☐ Beneficiary I	IRA (Must complete step 6)	
☐ One-time (year) RMD for \$				
" " '	ar) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED O	N PAGE 2)			
Required minimum distributions (RMDs) HAD NOT	started for the original/deceas	ed account holder.		
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 year				





Step (6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
	Required minimum distributions (RMDs) HAD started for the original/deceased account holder.
Please	e 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
<u>Requi</u>	red information for Beneficiary RMD Calculation:
I	Name of prior participant/account owner:
ı	Date of death of prior participant/account owner:
1	Date of birth of prior participant/account owner:
Survi	ving spouse. If a surviving spouse, register my IRA:
	As a Beneficiary IRA
	In my name (not a Beneficiary IRA)
A non	i-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:
Step 1	7: PAYMENT METHOD
Taxab	ole Options:
	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.) 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 listed below. Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be notarized.
Non-	Taxable Options:
	Deposit cash into my Undirected Cash Account
Π.	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)
Payee	e or Account Name
Accou	unt Number
Street	t Address
City, S	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.