

IRA WITHDRAWAL/RMD FORM Participant Capital Fund I, LP

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 219004 Mail Stop: Participant Capital

Kansas City, MO 64121-9004 855-387-3847 430 West 7th Street 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)	
not owner warner beneficiary warne	Social Security Number	Date of Birth	Tri Account Namber (II Applicable)	
Address*	City/State/Zip*	Email	Phone Number*	
*If completing for a death distribution, please provided the step 2: PRODUCT SELECTION	de the beneficiary information in ti	nis section. A Certified Copy o	if the Death Certificate is required.	
Participant Capital Fund I*	☐ Undirected Cash Account*	*		
— Turticipant capital Fana F	in onanceted easin Account			
*Redemptions for Participant Capital Fund I, LP are p	rocessed in accordance with their re	espective Share Redemption P	rograms and are subject the availability.	
Please review the prospectuses for details or call Part				
**The interest rate and annual percentage yield may				
daily balance method is used to calculate the interest Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS	on cash in the account. The bank of	ieposit is insurea up to applica	able FDIC limits.	
☐ Traditional IRA	Roth IRA	☐ SEP IRA	☐ Beneficiary IRA	
Redeem ENTIRE account	nou no		_ beneating nat	
		charac from account		
	or	shares from account		
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION REASON				
Premature Distribution (Account holder must be				
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 ☐ Prior	Year			
Recharacterization Amount \$	*			
☐ Current Year ☐ Prior	Year			
☐ <u>Direct Roth IRA Conversion</u> Amount \$				
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) <i>Please note that if requesting an IRA Trustee transfer you need to contact the accepting custodian and complete their</i>				
transfer (TOA) paperwork. A Medallion Signature Guarantee stamp may be required on their transfer form.				
*Deadline to recharacterize a contribution or remove			r the tax year of the contribution), plus any	
extensions including an automatic 6-month extension Step 5: RMD INSTRUCTIONS	for those who file by the tax dead	line.		
☐ Traditional IRA	☐ SEP IRA	☐ Beneficiary I	IRA (Must complete step 6)	
☐ One-time (year) RMD fo	ır Ś	,	,,	
Custodian Calculated	(year) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUE	., .			
Required minimum distributions (RMDs) HAD I	•	sed account holder.		
Please select one of the following options:	To rotation for the original, account			
Lump Sum (I wish to receive the distribution in a single lump-sum payment)				
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				





Step 6: BENEFICIARY II	A RMD OPTIONS (CONTINUED FROM PAGE 1)
Required minimu	n distributions (RMDs) HAD started for the original/deceased account holder.
Please select one of th	following options:
☐ I wish to tak	distributions based on the oldest beneficiary's life expectancy. (If you are the oldest beneficiary, your LE will be used)
☐ I wish to cor	inue taking distributions in the manner elected by the original account owner
Required information f	or Beneficiary RMD Calculation:
Name of prior pa	cicipant/account owner:
Date of death of p	rior participant/account owner:
Date of birth of p	or participant/account owner:
Surviving spouse. If a s	rviving spouse, register my IRA:
☐ As a Benefic	
	not a Beneficiary IRA)
	ry (for non-spousal beneficiary, account will be registered as a Beneficiary IRA).
=	st beneficiary of this IRA.
	oldest beneficiary of this IRA. Birth of Oldest Beneficiary:
Step 7: PAYMENT MET	HOD
Taxable Options:	
Mail check to the	Account (Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.) address currently on file (Signature Guarantee required if address changed within 30 days.) sfer funds by ACH to my bank (Voided check is required for new instructions. Signature Guarantee required if adding bank within 30 days rd party listed below. Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be
Non-Taxable Options:	
Deposit cash into	my Undirected Cash Account
Transfer in Kind n	y IRA; Existing Account Number
	Account (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions)
Payee or Account Nam	
Account Number	
Street Address	
City, State & ZIP	Signature Guarantee



IRA WITHDRAWAL/RMD FORM Participant Capital Fund I, LP

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.