

RMD CALCULATION 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 an RMD Calculation only. This form does NOT request a distribution, if you need to request a distribution please refer to the FTR website for the appropriate Withdrawal or Liquidation form.

Forward To: First Trust Retirement, c/o SS&C

Regular Mail
PO Box 219004

Ma

Kansas City, MO 64121-9004

855-387-3847

Overnight Delivery

Mail Stop: Participant Capital

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

RA Owner Name	Social Security Number	Date of Birth	FTR Account Number
ddress	City/State/Zip	Email	Phone Number
itep 2: RMD CALCULATION OPTIONS			
Traditional IRA	SEP IRA	Bene	ficiary IRA (Must complete Step 3)
(year) One-time Custodi	ian Calculated RMD using only FTR 12/31 ac	count balance.	
tep 3: BENEFICIARY IRA RMD OPTIONS			
equired minimum distributions (RMDs) HAD	NOT started for the original/deceased acc	ount holder.	
I wish to calculate distributions ba	, , ,	holder.	
· —	used on the oldest beneficiary's life expectar		v. vour LE will be used)
	used on the original account owner's life exp		,
Required information for Beneficiary RMD Calc		ecturity.	
Name of prior participant/account owner	r:		
Date of birth of prior participant/account	t owner:		
Date of death of prior participant/accoun	nt owner:		
Date of birth of the oldest Beneficiary:			
Step 4: CALCULATION MAILING METHOD			
Shareholder Address of Record: FTR will mail the calculation to the a	address listed on the asseurt		
Broker Address of Record:	address listed on the account.		
FTR will mail the calculation to the	address on file for the Financial Advisor.		
Other Address:			
	ad balann (IDA Onnanda aismatuna nashiinad)		
FTR will mail to the address provide	ed below. (IRA Owner's signature required)		
FTR will mail to the address provide	ed below. (IRA Owner's signature required)		
First and Last Name	Mailing Address	City/State/Z	ip
First and Last Name Step 5: SIGNATURE REQUIRED	Mailing Address		
First and Last Name Step 5: SIGNATURE REQUIRED	Mailing Address		
First and Last Name Step 5: SIGNATURE REQUIRED By Signing below, I certify that the information	Mailing Address	uthorize the Custodian to mail my R	MD Calculation as instructed above.
First and Last Name Step 5: SIGNATURE REQUIRED By signing below, I certify that the information	Mailing Address	uthorize the Custodian to mail my R	MD Calculation as instructed above.
FTR will mail to the address provide First and Last Name Step 5: SIGNATURE REQUIRED By signing below, I certify that the information The Financial Advisor listed on the account ma	Mailing Address	uthorize the Custodian to mail my R	MD Calculation as instructed above.