

INCOME DISTRIBUTION REQUEST FORM Peachtree Hotel Group

Please Print or Type IMPORTANT INFORMATION

Each alternative investment has specific rules around income distributions, please review the terms and conditions outlined within the specific product prospectus for details.

This form is not for withdrawal requests.

Step 1: IRA OWNER INFORMATION

Forward To: First Trust Retirement, c/o SS&C Regular Mail Overnight Delivery PO Box 219505 Mail Stop: Peachtree Kansas City, MO 64121-9505 430 West 7th Street

855-387-3847 Kansas City, MO 64105-1407

IRA Owner Name		Social Securi	ty Number	Date of Birth	FTR Account Number (If A	FTR Account Number (If Applicable)	
Addre		City/State/Zi	ip	Email	Phone Number		
	2: PRODUCT SELECTION Peachtree Hotel Opportunit PHG Destin, LLC* me distributions for Peachtree	•	Peachtree Hotel Valu		Peachtree SSC Mortgage REIT, Li	LC*	
			•		ip at 833-282-8837. select distribution type in step 3 and paym	ent method i	
	rticipate in the Distribution F 3: INCOME DISTRIBUTION IN		must be indicated on	the applicable Subscrip	ion Agreement or product sponsor update	form.	
	Traditional IRA	☐ Roth IRA		☐ SEP IRA	☐ Beneficiary IR.	Α	
	Premature Distribution (Account holder must be under age 59 ½ - IRS penalty applies unless rollover occurs within 60 days)						
	Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. (Documentary evidence required)						
П	Normal Distribution (Account holder age 59 ½ or over)						
П	<u>Death Distribution</u> (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate)						
$\overline{\Box}$	RA Trustee to Trustee Transfer Please note that if requesting an IRA Trustee transfer you need to contact the accepting custodian and complete their						
_	transfer (TOA) paperwork.		-			. then	
Step	4: PAYMENT METHOD						
	<u>ble Options:</u>						
L	☐ Mail check to the addre	ss currently on file (Signature Guarantee required if address changed within 30 days.)					
	Electronically transfer fu	unds by ACH to my bank <i>(Vo</i>	ided check is required	for new instructions. Sig	nature Guarantee required if adding bank w	ıithin 30 days	
	Mail check to a third par	rty listed below.					
Non-	Taxable Options:						
	Deposit cash into my Ur	Deposit cash into my Undirected Cash Account					
Г	¬	Transfer my income distributions to the custodian listed below as a Trustee to Trustee Transfer					
_		For a Trustee to Trustee transfer, this form must be signed and Signature Guaranteed by accepting custodian OR must include the custodian's signed					
		<u>-</u>	•		t. Please note that this form cannot be not	•	
				_			
Paye	e or Account Name						
	unt Number						
ACCO	unt Number						
Stree	t Address						
51,00							
City, State & ZIP				Signature Guarantee			



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Step 5: 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.

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 6: 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(or other authorized person*)
* If signing as Power of Attorney, valid POA documents must be included.

Date