

Overnight Delivery

Mail Stop: Peachtree

430 West 7th Street

Kansas City, MO 64105-1407

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

<u>Regular Mail</u>

PO Box 219505

855-387-3847

Kansas City, MO 64121-9505

Please	Print	or	Туре
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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.

Step 1: IRA OWNER INFORMATION			
IRA Owner Name/Beneficiary Name*	Social Security Numb	per* Date of Birth*	FTR Account Number (If Applicable)
Address* *If completing for a death distribution, please pr	City/State/Zip* rovide the beneficiary information	Email n in this section. A Certified Copy of	Phone Number* of the Death Certificate is required.
Step 2: PRODUCT SELECTION Peachtree Hotel Opportunity Zone * PHG Destin, LLC* *Redemptions for Peachtree Hotel Group are provereview the prospectuses for details or call Peachtree **The interest rate and annual percentage yield readily balance method is used to calculate the interest step 3: ONE TIME WITHDRAWAL INSTRUCTIONS	ree Hotel Group at 833-282-8837. nay change at any time. Interest t rest on cash in the account. The b	int** spective Share Redemption Progra will be compounded and credited o	on the last day of each calendar month. The
Traditional IRA	Roth IRA	🗌 SEP IRA	Beneficiary IRA
Redeem ENTIRE account			
Redeem PARTIAL amount of \$	or	shares from account	
<u>Recharacterization</u> Amount \$	st be under age 59 ½ - IRS penalty ermanent Disability, SEPP, and oth ½ or over) iciary IRA; Must provide a certified * rior Year * d move proceeds to Undirected C at if requesting an IRA Trustee tra nature Guarantee stamp may be hove an excess contribution is the	her identified 72 (t) qualified except d copy of the account holder's Dea ash account (Proceeds will be dep <i>insfer you need to contact the acc required on their transfer form.</i> IRA Owner's tax filing deadline (fo	otions.) hth Certificate) osited in Undirected Cash account until the cepting custodian and complete their
Traditional IRA	SEP IRA	Beneficiary	IRA (Must complete step 6)
One-time (year) RM			· · · · · · · · · · · · · · · · · · ·
Custodian Calculated	(year) RMD		
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTIN	NUED ON PAGE 2)		
Required minimum distributions (RMDs) H		eceased account holder.	
Please select one of the following options: Lump Sum (I wish to receive the distributions ov +5 years (I wish to take distributions ov Life (I wish to take distributions based of If you are the spouse of the original account own Recalculated each year Not recalculated each year	ution in a single lump-sum payme ver a five-year period) on my life expectancy)	ent)	ar. Please select one:



Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
Required minimum distributions (RMDs) HAD started for the original/deceased account holder.
Please 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
Required 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:
Surviving spouse. If a surviving spouse, register my IRA: As a Beneficiary IRA In my name (not a Beneficiary IRA) Anon-spousal beneficiary (for non-spousal beneficiary, account will be registered as a Beneficiary IRA). I am the oldest beneficiary of this IRA. J am not the oldest beneficiary of this IRA. Date of Birth of Oldest Beneficiary:
Step 7: PAYMENT METHOD
Taxable 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.) 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 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 or Account Name
Account Number
Street Address
City, State & ZIP Signature Guarantee
Signature Guarantee



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.

% from the amount withdrawn (must be at least 10%).

Step 9: SUBSTITUTE W-9

Withhold

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.

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