

SYSTEMATIC WITHDRAWAL REQUEST FORM Penn Square IV U.S. Real Estate Fund

Overnight Delivery

Mail Stop: Penn Square

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

Regular Mail

PO Box 219047

Please Print or Type

This form should be used to establish and modify Systematic Withdrawals.

| This form should be reviewed and completed with the assistance of a financial or tax advisor. | | | Kansas City, N 855-387-3847 | 10 64121-9047 | 430 West 7th Street Kansas City, MO 64105-1407 | |
|---|---|--|--|---------------------|---|--|
| Step 1: IRA OWNER INFORMATION | | | | | | |
| IRA Owner Name | IRA Owner Name Social Security Number | | Account Number | | | |
| Address | City / State / Zi | p | | Phone Number | | |
| Step 2: SYSTEMATIC WITHDRAWAL | - | | | | | |
| Establish New Systematic With | hdrawal 🗌 Modify I | Existing Systematic Wit | hdrawal | L Disconti | nue Existing Systematic Withdrawal | |
| I direct First Trust Retirement, Custodian, 1 Withdrawal Option | to set up my Systematic Withdrawal as f Amount | ollows: Start Month | Fre | quency | Withdrawal Date(s) | |
| Undirected Cash** \$ | OR | Start Month | | | William Bull(S) | |
| | Custodian Calculated RMD | | | | | |
| business day. If Withdrawal Date is not pr | Withdrawal will begin (Must be at least Quarterly (Mar, Jun, Sept, Dec), Semi –A en 1-28. (If 29, 30, or 31 are chosen, 28 w ovided, it will default to the 15 th of desi | one month past date form Innually (Jun, Dec), Annual vill be used.) Any withdrav ignated frequency. | ly (Once per year) vals that occur over | | nusiness day will be processed the following month. The daily balance method is used to | |
| calculate the interest on cash in the account Step 3: REASON FOR WITHDRAWAL | | olicable FDIC limits. | | | | |
| Traditional IRA | Roth IRA | | P IRA | [| Beneficiary IRA | |
| | count holder must be under ag | | | | | |
| | - | | | | ceptions. Documentary evidence | |
| Normal Distribution (Accou | unt holder age 59 ½ or over) | | | | | |
| | Iready in a Beneficiary IRA; Mu | st provide a certified | copy of the ac | count holder's I | Death Certificate) | |
| Step 4: RMD INSTRUCTIONS | | | | | | |
| Traditional IRA Step 5: BENEFICIARY IRA RMD OP1 | | 4 | | Benefic | iary IRA | |
| | ions (RMDs) HAD NOT started fo | r the original/deceas | ed account hold | ler. | | |
| Please select one of the following of | | | | | | |
| | eive the distribution in a single lu | mp-sum payment) | | | | |
| _ | distributions over a five-year perio | | | | | |
| | butions based on my life expecta | | | | | |
| If you are the spouse of the origina | I account owner, you may elect t | o have your life exped | tancy recalcula | ted each year. P | ease select one: | |
| Recalculated each year | | | | | | |
| Not recalculated each ye | ear | | | | | |
| Required minimum distributi | ions (RMDs) HAD started for the | original/deceased ac | count holder. | | | |
| Please select one of the following of | options: | | | | | |
| I wish to take distributio | ns based on the oldest beneficiar | y's life expectancy. (Ij | ^f you are the old | lest beneficiary, y | our LE will be used) | |
| I wish to continue taking | distributions in the manner elec | ted by the original acc | count owner | | | |





| Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1) |
|---|
| 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) |
| A non-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 6: PAYMENT METHOD |
| Mail check to the address currently on file. |
| |
| Electronically transfer funds by ACH. |
| |
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| New Bank Instructions Checking (Voided Check Required) Savings (Letter on Bank Letterhead Required) |
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I hereby acknowledge that this agreement is between the IRA Owner named in Step 1 and the Custodian and that Product and its affiliates (i) shall have no obligations or liability under this agreement or for any transactions executed in connection herewith; (ii) shall have no responsibility, discretion or involvement in evaluating or selecting assets or investments; and (iii) shall not be deemed to be a "fiduciary" as defined in the Employee Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the Internal Revenue Code of 1986, as amended, with respect to any assets or property of the IRA account.

IRA Owner Signature

Date