

IRA WITHDRAWAL/RMD FORM Phillips Edison Grocery Center REITs

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

PO Box 219912

Kansas City, MO 64121-9912

855-387-3847

First Trust Retirement, c/o SS&C

Overnight Delivery

Mail Stop: Phillips Edison

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)	
	·			
Address*	City/State/Zip*	Email	Phone Number*	
*If completing for a death distribution, please provide				
Step 2: PRODUCT SELECTION				
☐ Phillips Edison & Company*	Phillips Edison Grocery Cer	nter REIT II	Undirected Cash Account**	
*Redemptions for Phillips Edison Grocery Center REITs	are processed in accordance with	their respective Share Redem	ption Programs and are subject the	
availability. Please review the prospectuses for details or call Phillips Edison Grocery Center REITs at 888-518-8073. **The interest rate and annual percentage yield may change at any time. Interest will be compounded and credited on the last day of each calendar month. The				
daily balance method is used to calculate the interest c				
Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS	The bank	deposit is insured up to upplie	able i bie iiinis.	
☐ Traditional IRA ☐	Roth IRA	☐ SEP IRA	☐ Beneficiary IRA	
☐ Redeem ENTIRE account				
Redeem PARTIAL amount of \$	or	shares from account		
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION REAS	ON			
Premature Distribution (Account holder must be	under age 59 ½ - IRS penalty appl	ies unless rollover occurs with	nin 60 days)	
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 Y	 ear			
Recharacterization Amount \$	*			
☐ Current Year ☐ Prior Y				
Direct Roth IRA Conversion Amount \$				
<u> </u>	ve proceeds to Undirected Cash a	account (Proceeds will be den	osited in Undirected Cash account until the	
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) Please note that if requesting an IRA Trustee transfer you need to contact the accepting custodian and complete their				
transfer (TOA) paperwork. A Medallion Signature Guarantee stamp may be required on their transfer form.				
*Deadline to recharacterize a contribution or remove a			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	IRA (Must complete step 6)	
☐ One-time (year) RMD for		,	,,	
	year) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED	ON PAGE 2)			
Required minimum distributions (RMDs) HAD No		sed account holder.		
Please select one of the following options:				
Lump Sum (I wish to receive the distribution in a single lump-sum payment)				
+5 years (I wish to take distributions over a five-year period)				
☐ 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				
Not recalculated each year				





Step	o 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
	Required minimum distributions (RMDs) HAD started for the original/deceased account holder.
Plea	ase 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
Req	uired 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:
Surv	viving spouse. If a surviving spouse, register my IRA:
	As a Beneficiary IRA
	In my name (not a Beneficiary IRA)
A no	on-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:
Ster	o 7: PAYMENT METHOD
	able Options:
	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	n-Taxable Options:
Ш	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)
Paye	ee or Account Name
Acco	ount Number
Stre	eet Address
City	, State & ZIP 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. ☐ 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.