

IRA WITHDRAWAL/RMD FORM Procaccianti Hotel REIT, Inc.

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 219959

Kansas City, MO 64121-9959

855-387-3847

First Trust Retirement, c/o SS&C

Overnight Delivery

Mail Stop: Procaccianti

430 West 7th Street

Kansas City, MO 64105-1407

Stor 1. IDA OWNER INFORMATION				
Step 1: IRA OWNER INFORMATION				
IRA Owner Name/Beneficiary Name*	Social Security Nu	mber* Date of Birth*	FTR Account Number (If Applicable)	
,	,		, ,,	
Address*	City/State/Zip*	Email	Phone Number*	
*If completing for a death distribution, please pro Step 2: PRODUCT SELECTION	oviae tne benejiciary informat	tion in this section. A Certified Copy of	of the Death Certificate is required.	
Procaccianti Hotel REIT, Inc.*	☐ Undirected Cash Ad	ccount**		
*Redemptions for Procaccianti Hotel REIT, Inc. are	processed in accordance with	their respective Share Redemption Pi	rograms and are subject the availability.	
Please review the prospectuses for details or call P				
**The interest rate and annual percentage yield m				
daily balance method is used to calculate the inter Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS	est on cash in the account. Th	e bank deposit is insured up to applic	able FDIC IIIIIIts.	
☐ Traditional IRA	☐ Roth IRA	☐ SEP IRA	☐ Beneficiary IRA	
Redeem ENTIRE account	•			
	or	shares from account		
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION F	REASON			
Premature Distribution (Account holder must		Ity applies unless rollover occurs with	nin 60 days)	
Premature Exempt Distribution (Including Pe	rmanent Disability, SEPP, and	other identified 72 (t) qualified excep	otions.)	
Normal Distribution (Account holder age 59 1				
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 \$	*		,	
	ior Year			
	*			
Recharacterization Amount \$ Current Year Pr	[*] ior Year			
Direct Roth IRA Conversion Amount \$	ioi reui			
	move proceeds to Undirected	d Cash 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 rem			or the tax year of the contribution), plus any	
extensions including an automatic 6-month extens Step 5: RMD INSTRUCTIONS	sion for those who file by the t	ax deadline.		
☐ Traditional IRA	☐ SEP IRA	☐ Beneficiary	IRA (Must complete step 6)	
One-time (year) RMD		_ beneficiary	max (mast complete step c)	
Custodian Calculated	(year) RMD	-		
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTIN	UED ON PAGE 2)			
Required minimum distributions (RMDs) HA		I/deceased 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	,,,,,,,,,			





Step 6: BENE	ICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
Require	minimum distributions (RMDs) HAD started for the original/deceased account holder.
Please select	one of the following options:
□ Iw	sh to take distributions based on the oldest beneficiary's life expectancy. (If you are the oldest beneficiary, your LE will be used)
□ Iw	sh to continue taking distributions in the manner elected by the original account owner
Required info	mation for Beneficiary RMD Calculation:
Name of	prior participant/account owner:
Date of o	eath of prior participant/account owner:
Date of I	irth of prior participant/account owner:
Surviving spor	se. If a surviving spouse, register my IRA:
	Beneficiary IRA
	ny name (not a Beneficiary IRA)
	beneficiary (for non-spousal beneficiary, account will be registered as a Beneficiary IRA).
	n the oldest beneficiary of this IRA.
∐ lar	not the oldest beneficiary of this IRA. Date of Birth of Oldest Beneficiary:
Step 7: PAYM	ENT METHOD
Taxable Option	ns:
Mail che	ate New Account (Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.) It to the address currently on file (Signature Guarantee required if address changed within 30 days.) It transfer funds by ACH to my bank (Voided check is required for new instructions. Signature Guarantee required if adding bank within 30 days It to a third party listed below. Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be I.
Non-Taxable	Options:
Deposit	ash into my Undirected Cash Account
Transfer	in Kind my IRA; Existing Account Number
	ate New Account (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions)
Payee or Acco	unt Name
Account Num	per
Street Addres	
City, State & 2	IP Signature Guarantee





Step 10: SIGNATURE REQUIRED

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 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

Date

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