

INCOME DISTRIBUTION REQUEST FORM RREEF Property Trust, Inc.

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.

Forward To: First Trust Retirement, c/o SS&C Overnight Delivery Regular Mail

PO Box 219985 Mail Stop: RREEF Property Trust

Kansas City, MO 64121-9985

430 West 7th Street 855-387-3847 Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)
Address Step 2: PRODUCT SELECTION	City/State/Zip	Email	Phone Number
availability. Please review their prosp By submitting this form I am reques Step 4.	perty Trust, Inc. are processed in accordance with pectuses for frequency and availability details conting First Trust Retirement to pay out my incontinuous investment Plan (DRP), it must be indicated on the continuous continuous to the continuous conti	or call RREEF Property Trust, Inc. and Inc.	t 855-285-0508. distribution type in step 3 and payment method in
Step 3: INCOME DISTRIBUTION INS		SEP IRA	Beneficiary IRA
Premature Exempt Distribution Normal Distribution (Account Death Distribution (If not alre IRA Trustee to Trustee Transfe	ady in a Beneficiary IRA; Must provide a certifi er Please note that if requesting an IRA Truste	ther identified 72 (t) qualified exceed copy of the account holder's Descriptions of the account to contact the second of the contact the contact the second of th	Death Certificate) the accepting custodian and complete their
transfer (TOA) paperwork. A Step 4: PAYMENT METHOD	Medallion Signature Guarantee stamp may b	e required on their transfer form	1.
Electronically transfer fur Mail check to a third part Non-Taxable Options: Deposit cash into my Und Transfer my income distri	y listed below. irected Cash Account butions to the custodian listed below as a Trus	d for new instructions. Signature stee to Trustee Transfer ure Guaranteed by accepting cust	Guarantee required if adding bank within 30 days
Payee or Account Name			
Account Number			
Street Address			
City, State & ZIP		Sig	gnature 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