

## **IRA WITHDRAWAL/RMD FORM RREEF Property Trust, 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

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

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/Beneficiary Name*	Social Security Number*	Date of Birth*	FTR Account Number (If Applicable)	
Address* *If completing for a death distribution, please pro	City/State/Zip* vide the beneficiary information in thi	Email s section. A Certified Cop	Phone Number* y of the Death Certificate is required.	
Step 2: PRODUCT SELECTION				
RREEF Property Trust, Inc. *	☐ Undirected Cash Account**			
*Redemptions for RREEF Property Trust, Inc. are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review the prospectuses for details or call RREEF Property Trust, Inc. at 855-285-0508.  **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 on cash in the account. The bank deposit is insured up to applicable FDIC limits.  Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS				
☐ 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 R	EASON			
Recharacterization Amount \$	manent Disability, SEPP, and other idea or over) ary IRA; Must provide a certified copy  * or Year  * or Year  move proceeds to Undirected Cash accif requesting an IRA Trustee transfer yearure Guarantee stamp may be require ye an excess contribution is the IRA Over	of the account holder's D  count (Proceeds will be do  you need to contact the a  ed on their transfer form  vner's tax filing deadline (	eptions.)  eath Certificate)  eposited in Undirected Cash account until the ccepting custodian and complete their	
☐ Traditional IRA	☐ SEP IRA	☐ Beneficia	ry IRA (Must complete step 6)	
☐ One-time (year) RMD	for \$			
Custodian Calculated	(year) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINU	JED ON PAGE 2)			
Required minimum distributions (RMDs) HAD NOT started for the original/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				
Not recalculated each year				





Step	of: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
	Required minimum distributions (RMDs) HAD started for the original/deceased account holder.
Plea	ise 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:
	o 7: PAYMENT METHOD able 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.)
П	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	a-Taxable Options:
	Deposit cash into my Undirected Cash Account
П	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)
Day	ee or Account Name
raye	se of Account Name
Acco	ount Number
Stre	vet Address
City	, State & ZIP Signature Guarantee



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## 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.