

## IRA WITHDRAWAL/RMD FORM Sierra Income Corporation

## 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 Overnight Delivery

PO Box 219731 Mail Stop: Sierra

Kansas City, MO 64121-9731 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	Rirth* ETR Acc	count Number (If Applicable)	
ina Owner Name, Beneficiary Name	30ciai 3ecurity	Number Date of	Birtii TTK ACC	ount Number (II Applicable)	
Address*	City/State/Zip*	' Email	Phone N	Number*	
*If completing for a death distribution, plea			rtified Copy of the Death Cer	tificate is required.	
Step 2: PRODUCT SELECTION					
☐ Sierra Income Corporation ("SIC")*	☐ Sierra Total Ret	urn Fund ("STRF")*	☐ Undirected Cash	Account**	
, ,		, ,			
*Redemptions for Sierra Income Corporation are processed in accordance with their respective Share Redemption Programs and are subject the availability.					
Please review the prospectuses for details or call Sierra Income Corporation at 888-292-3178.					
**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		The bank deposit is insured	d up to applicable FDIC limits.		
Step 3: ONE TIME WITHDRAWAL INSTRUCT	IONS				
☐ Traditional IRA	☐ Roth IRA	☐ SEP IRA	☐ Be	eneficiary IRA	
☐ Redeem ENTIRE account					
☐ Redeem PARTIAL amount of \$	or	shares from a	ccount		
	or	3110111 0	ccount		
Step 4: ONE TIME WITHDRAWAL DISTRIBUT	TION REASON				
Premature Distribution (Account holder	r must be under age 59 ½ - IRS pe	enalty applies unless rollove	er occurs within 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 Year				
Recharacterization Amount \$	*				
Current Year	Prior Year				
	1 11101 Teal				
Direct Roth IRA Conversion Amount \$					
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 an excess contribution is the IRA Owner's tax filing deadline (for the tax year of the contribution), plus any extensions including an automatic 6-month extension for those who file by the tax deadline.					
	extension for those who file by th	ie tax deadline.			
Step 5: RMD INSTRUCTIONS					
☐ Traditional IRA	☐ SEP IRA		Beneficiary IRA (Must comp	ilete step 6)	
One-time (year	) RMD for \$				
☐ Custodian Calculated	(year) RMD				
Ston 6: DENETICIA DV IDA DAD ODTIONS (CO					
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED 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	6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
	Required minimum distributions (RMDs) HAD started for the original/deceased account holder.
Plea	se 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
Requ	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	iving spouse. If a surviving spouse, register my IRA:
	As a Beneficiary IRA
	In my name (not a Beneficiary IRA)
A no	n-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	7: PAYMENT METHOD
Taxa	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	-Taxable Options:
	Deposit cash into my Undirected Cash Account
$\Box$	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
Ctus	ah Address
Sue	et Address
Citv.	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.