

Please Print or Type		Forward To: First	Forward To: First Trust Retirement, c/o SS&C	
	ecific rules around income distributions, within the specific product prospectus for quests.	•	Overnight DeliveryMail Stop: Stira Capital430 West 7th StreetKansas City, MO 64105-1407	
Step 1: IRA OWNER INFORMATIO	N			
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IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)	
Address	City/State/Zip	Email	Phone Number	
Step 2: PRODUCT SELECTION		2.1.0	, none namber	
Steadfast Apartment REIT, In	nc.*			
availability. Please review their pro By submitting this form I am reque Step 4.		letails or call Stira Capital Markets Group my income distributions. Please select o	-	
Step 3: INCOME DISTRIBUTION IN		cated on the applicable Subscription Ag	reement or product sponsor update form.	
Traditional IRA	🗌 Roth IRA	SEP IRA	Beneficiary IRA	
Premature Distribution (Acc	ount holder must be under age 59 ½ - IRS	Spenalty applies unless rollover occurs w	vithin 60 days)	
Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. (Documentary evidence required)				
Normal Distribution (Accour	nt holder age 59 ½ or over)			
Death Distribution (If not alr	eady in a Beneficiary IRA; Must provide a	a certified copy of the account holder's D	Death Certificate)	
IRA Trustee to Trustee Trans	fer Please note that if requesting an IRA	Trustee transfer you need to contact th	he accepting custodian and complete their	
	A Medallion Signature Guarantee stamp	o may be required on their transfer form	1.	
Step 4: PAYMENT METHOD Taxable Options:				
	ss currently on file (Signature Guarantee	required if address changed within 30 da	1vs.)	
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.				
Non-Taxable Options:	ty listed below.			
	directed Cash Assount			
Deposit cash into my Ur				
For a Trustee to Trustee		Signature Guaranteed by accepting cust	todian OR must include the custodian's signed se note that this form cannot be notarized.	
Payee or Account Name		_		
Account Number		_		
Street Address		-		
City, State & ZIP		Sig	nature Guarantee	



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