

SYSTEMATIC WITHDRAWAL REQUEST FORM Stira Capital Markets Group

Please Print or Type

This form should be used to establish and modify Systematic Withdrawals.

This form should be reviewed and completed with the assistance of a financial or tax advisor.

ent, c/o SS&C
<u>Overnight D</u>
Mail Stop: S
430 West 7
Kansas City,

<u>Overnight Delivery</u> Mail Stop: Stira Capital 430 West 7th Street Kansas City, MO 64105-1407

Step 1:		IER INFO	RMATION
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IRA Owner Name	Social Security Number	Account Number
Address	City / State / Zip	Phone Number
Step 2: SYSTEMATIC WITHDRAWAL INSTRUCTIONS		
Establish New Systematic Withdrawal	Modify Existing Systematic Withdrawal	Discontinue Existing Systematic Withdrawal
I direct First Trust Retirement, Custodian, to set up my Systema		
Withdrawal Option Amount		quency Withdrawal Date(s)
Undirected Cash** \$	ORUMQ	∐ sa ∐ a
L Custodian Calc		
Amount – Specify a designated amount or request custodian to Start Month – Month in which Systematic Withdrawal will begi		
Frequency – Monthly (Jan, Feb, Mar, etc.), Quarterly (Mar, Jun,	Sept, Dec), Semi –Annually (Jun, Dec), Annually (Once per year)	
business day. If Withdrawal Date is not provided, it will defaul	31 are chosen, 28 will be used.) Any withdrawals that occur over t to the 15 th of designated frequency.	a weekena or non-business aay will be processed the following
*The interest rate and annual percentage yield may change at	any time. Interest will be compounded and credited on the last do	ay of each calendar month. The daily balance method is used to
calculate the interest on cash in the account. The bank deposit		
Step 3: REASON FOR WITHDRAWAL INSTRUCTIONS		
☐ Traditional IRA ☐ Roth		Beneficiary IRA
	ust be under age 59 ½ - IRS penalty applies unless r	
 Premature Exempt Distribution (Including I required) 	Permanent Disability, SEPP, and other identified 72	(t) qualified exceptions. Documentary evidence
Normal Distribution (Account holder age 5	a 1/ or over)	
	ficiary IRA; Must provide a certified copy of the acc	count holder's Death Certificate)
Step 4: RMD INSTRUCTIONS	neary nex, must provide a certified copy of the act	count nonder 3 Death certificatey
Traditional IRA	SEP IRA	Beneficiary IRA
Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINU	ED ON PAGE 2)	
Required minimum distributions (RMDs) HAD	NOT started for the original/deceased account hold	er.
Please select one of the following options:		
Lump Sum (I wish to receive the distribut	ion 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 recalculat	ed each year. Please select one:
Recalculated each year		
Not recalculated each year		
Required minimum distributions (RMDs) HAD	started for the original/deceased account holder.	
Please select one of the following options:		
I wish to take distributions based on the o	oldest beneficiary's life expectancy. (If you are the old	est beneficiary, your LE will be used)
	he manner elected by the original account owner	



Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
Required 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:
Surviving spouse. If a surviving spouse, register my IRA:
As a Beneficiary IRA
In my name (not a Beneficiary IRA)
A non-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 6: PAYMENT METHOD
Mail check to the address currently on file.
Current Banking instructions of the New Bank instructions. (Complete below section)
New Bank Instructions Checking (Voided Check Required) Savings (Letter on Bank Letterhead Required)
Current Banking instructions of the New Bank instructions. (Complete below section)
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New Bank Instructions Checking (Voided Check Required) Savings (Letter on Bank Letterhead Required) Bank Name Routing ABA Number (9-digits) Bank Account Number Bank Account Registration (Include all registration names) • Only one bank account may be on file. • Temporary and Starter checks are not acceptable. • Signature of bank account owner must be same as IRA holder. • If voided check is not available, a letter on bank letterhead signed by a branch manager outlining all above information.
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I hereby acknowledge that this agreement is between the IRA Owner named in Step 1 and the Custodian and that Product and its affiliates (i) shall have no obligations or liability under this agreement or for any transactions executed in connection herewith; (ii) shall have no responsibility, discretion or involvement in evaluating or selecting assets or investments; and (iii) shall not be deemed to be a "fiduciary" as defined in the Employee Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the Internal Revenue Code of 1986, as amended, with respect to any assets or property of the IRA account.

IRA Owner Signature

Date