

RMD CALCULATION FORM Stira Capital Markets Group

Please Print or Type

This form should be used by the IRA owner or owner of a Beneficiary IRA to request an RMD Calculation only. This form does NOT request a distribution, if you need to request a distribution please refer to the FTR website for the appropriate Withdrawal or Liquidation form.

Forward To: First Trust Retirement, c/o SS&C

Regular Mail

PO Box 219097

Mail Stop: Stira Capital

Kansas City, MO 64121-9097 430 West 7th Street 855-387-3847 Kansas City, MO 64105-1407

24.0		Cartal Caracita Novel	Data of Bird	ETD Assessed New Y
A Owner Name		Social Security Number	Date of Birth	FTR Account Number
ddress		City/State/Zip	Email	Phone Number
rep 2: RMD CALCULATION OPTIONS		City/State/Zip	EIIIdii	Phone Number
Traditional IRA		SEP IRA		Beneficiary IRA (Must complete Step 3)
(year) One-time	Custodian Calculated RM	MD using only FTR 12/31 accou	ınt balance.	
ep 3: BENEFICIARY IRA RMD OPTIO	NS			
quired minimum distributions (RMI	Ds) HAD NOT started for	the original/deceased accou	nt holder.	
I wish to calculate distribu quired minimum distributions (RMI	•	•	lder.	
I wish to calculate distribu	tions based on the oldes	t beneficiary's life expectancy	. (If you are the oldest benej	ficiary, your LE will be used)
I wish to calculate distribu	_	nal account owner's life expect	cancy.	
Name of prior participant/accour				
riame or prior participanty accoun				
Date of birth of prior participant/	account owner:			
Date of death of prior participant	:/account owner:			
Date of birth of the oldest Benefi	ciary:			
ep 4: CALCULATION MAILING METH	IOD			
nareholder Address of Record:				
FTR will mail the calculation oker Address of Record:	i to the address listed or	the account.		
FTR will mail the calculation	to the address on file fo	or the Financial Advisor.		
her Address:				
FTR will mail to the address	provided below. (IRA O	wner's signature required)		
rst and Last Name	Mailir	g Address	City/St	ate/Zip
ep 5: SIGNATURE REQUIRED		<u> </u>	· ·	
signing below, I certify that the info	rmation I have provided	is true and correct, and I auth	orize the Custodian to mail	my RMD Calculation as instructed above.
ao Einancial Advice : listed on the acc	ount may sion if the sel	culation request is mailed ON	IV to Broker Address of De	cord or Sharahaldar Address of Bassad
ie rilianciai Auvisor listed on the acc	ount may sign if the cal	culation request is malled ON	LT TO DIOKEL ADDRESS OF REC	cord or Shareholder Address of Record.
IRA (Owner Signature (or othe	er authorized person*)		Date

* If signing as Power of Attorney, valid POA documents must be included.