

**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.

Forward To: First Trust Retirem	ent,
<u>Regular Mail</u>	0
PO Box 219731	N
Kansas City, MO 64121-9731	4
855-387-3847	K

t, c/o SS&C <u>Overnight Delivery</u> Mail Stop: Strategic Funds 430 West 7th Street Kansas City, MO 64105-1407

	Step 1: I	<b>RA OWNER</b>	INFORMATION
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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 Syste		
Withdrawal Option Amount		equency Withdrawal Date(s)
Undirected Cash** \$	OR 🗌 M 🗌 Q	🗆 sa 🔲 a
L Custodian Co	alculated RMD	
Frequency – Monthly (Jan, Feb, Mar, etc.), Quarterly (Mar, Ju	egin (Must be at least one month past date form is delivered) ın, Sept, Dec), Semi –Annually (Jun, Dec), Annually (Once per year) or 31 are chosen, 28 will be used.) Any withdrawals that occur over	r a weekend or non-business day will be processed the following
calculate the interest on cash in the account. The bank depo		ay of each calendar month. The daily balance method is used to
Step 3: REASON FOR WITHDRAWAL INSTRUCTIONS		Deneficiery IDA
		Beneficiary IRA
	must be under age 59 $\frac{1}{2}$ - IRS penalty applies unless	
<ul> <li><u>Premature Exempt Distribution</u> (Includin required)</li> </ul>	g Permanent Disability, SEPP, and other identified 72	2 (t) qualified exceptions. Documentary evidence
Normal Distribution (Account holder age	59 ½ or over)	
Death Distribution (If not already in a Be	neficiary IRA; Must provide a certified copy of the ac	count holder's Death Certificate)
Step 4: RMD INSTRUCTIONS		
Traditional IRA	SEP IRA	Beneficiary IRA
Step 5: BENEFICIARY IRA RMD OPTIONS (CONTIN	IUED ON PAGE 2)	
Required minimum distributions (RMDs) H	AD NOT started for the original/deceased account hold	ler.
Please select one of the following options:		
Lump Sum (I wish to receive the distrib	ution in a single lump-sum payment)	
+5 years (I wish to take distributions ov	er a five-year period)	
Life (I wish to take distributions based of		
	er, you may elect to have your life expectancy recalculat	ted each year. Please select one:
Recalculated each year	er, you may creet to have your me expectancy recalcular	ted each year. Thease select one.
, ,		
Not recalculated each year		
Required minimum distributions (RMDs) H/	AD started for the original/deceased account holder.	
Please select one of the following options:		
I wish to take distributions based on th	e oldest beneficiary's life expectancy. (If you are the old	lest beneficiary, your LE will be used)





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:
<ul> <li>As a Beneficiary IRA</li> <li>In my name (not a Beneficiary IRA)</li> </ul>
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.
Electronically transfer funds by ACH: Current Banking Instructions on file New bank instructions. (Complete below section)
Now Bank Instructions
New Bank Instructions Checking (Voided Check Required) Savings (Letter on Bank Letterhead Required)
New Bank Instructions       Checking (Voided Check Required)       Savings (Letter on Bank Letterhead Required)         Bank Name       Routing ABA Number (9-digits)       Bank Account Number
Checking (Voided Check Required)
Bank Name Routing ABA Number (9-digits) Bank Account Number Bank Account Registration (Include all registration names)
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. 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.
Bank Name Routing ABA Number (9-digits) Bank Account Registration (Include all registration names) Only one bank account may be on file. Signature of bank account owner must be same as IRA holder. Signature of bank account owner must be same as IRA holder. Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED) (Form W-4P/OMB No. 1545-0415)
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Criecking (Volded Crieck Required)     Savings (Letter on Bank Letternead Required)     Savings (Letter on Bank Letternead 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.     Signature of bank account owner must be same as IRA holder.     If volded check is not available, a letter on bank letternead signed by a branch manager outlining all above information.     Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED) (Form W-4P/OMB No. 1545-0415) 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
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Bank Name       Routing ABA Number (9-digits)       Bank Account Number         Bank Account Registration (Include all registration names)       • Temporary and Starter checks are not acceptable.         • Signature of 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.         Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED) (Form W-4P/OMB No. 1545-0415)       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.
Checking (Voided Check Required)     Checking (Voided Check Required)     Savings (Letter on Bank Letterhead Required)     Savings (Letter on Bank Letterhead Required)     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.         • Jr voided check is not available, a letter on bank letterhead signed by a branch manager outlining all above information.     Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED) (Form W-4P/OMB No. 1545-0415)     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.

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