

Please Print or Type This form should be used by the IRA owne distributions from the account. This form should be reviewed and comple- tax advisor. Step 1: IRA OWNER INFORMATION		PO Box 219731	<u>Overnight Delivery</u> Mail Stop: Strategic Funds	
IRA Owner Name/Beneficiary Name*	Social Security Numb	per* Date of Birth*	FTR Account Number (If Applicable)	
Address* City/State/Zip* Email Phone Number* *If completing for a death distribution, please provide the beneficiary information in this section. A Certified Copy of the Death Certificate is required. Step 2: PRODUCT SELECTION				
Strategic Wireless Infrastructure Fu	nd* 🛛 Strategic Data Center	Fund* 🗌 Undire	Ind* Undirected Cash Account**	
*Redemptions for Strategic Wireless Infrastructure Fund are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review the prospectuses for details or call Strategic Wireless Infrastructure Fund 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 interest on cash in the account. The bank deposit is insured up to applicable FDIC limits. Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS				
Traditional IRA	Roth IRA	SEP IRA	Beneficiary IRA	
Redeem ENTIRE account				
Step 4: ONE TIME WITHDRAWAL DISTRIB	or	shares from account		
	Beneficiary IRA; Must provide a certified at \$* Prior Year Prior Year Adate and move proceeds to Undirected C ote that if requesting an IRA Trustee tra lion Signature Guarantee stamp may be or remove an excess contribution is the h extension for those who file by the tax	ash account (Proceeds will be deposited insfer you need to contact the accepting required on their transfer form. IRA Owner's tax filing deadline (for the deadline.	ntificate) I in Undirected Cash account until the g custodian and complete their tax year of the contribution), plus any	
Traditional IRA		📙 Beneficiary IRA (N	Must complete step 6)	
□ One-time (ye □ Custodian Calculated	ar) RMD for \$(year) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (
	/IDs) HAD NOT started for the original/d	eceased account holder.		
Please select one of the following options: Lump Sum (I wish to receive the +5 years (I wish to take distribut Life (I wish to take distributions If you are the spouse of the original account Recalculated each year Not recalculated each year	distribution in a single lump-sum payme ions over a five-year period) based on my life expectancy)		ase select one:	



Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)
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 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
Required information for Beneficiary RMD Calculation:
Required monitor beneficiary harb 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 7: PAYMENT METHOD
Taxable Options:
Transfer in Kind my shares to my non-qualified account; Existing Account Number
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
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)
Payee or Account Name
Payee of Account Name
Account Number
Street Address
City, State & ZIP Signature Guarantee



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.

% from the amount withdrawn (must be at least 10%).

Step 9: SUBSTITUTE W-9

Withhold

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.

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