

INCOME DISTRIBUTION REQUEST FORM Terra Income Fund 6, Inc.

Please Print or Type		Forward To: First	Forward To: First Trust Retirement, c/o SS&C	
•	ic rules around income distributions, pleas ain the specific product prospectus for deta s ts.		Overnight DeliveryMail Stop: Terra Income Fund 64121-9686430 West 7th StreetKansas City, MO 64105-1407	
Step 1: IRA OWNER INFORMATION				
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 Terra Income Fund 6, Inc.*				
availability. Please review their prospec	Fund 6, Inc.are processed in accordance w ctuses for frequency and availability detail. ng First Trust Retirement to pay out my in	s or call Terra Income Fund 6, Inc.at		
To participate in the Distribution Rein Step 3: INCOME DISTRIBUTION INSTR		l on the applicable Subscription Ag	reement or product sponsor update form.	
Traditional IRA	Roth IRA	SEP IRA	Beneficiary IRA	
Premature Distribution (Accoun	t holder must be under age 59 ½ - IRS pen	alty applies unless rollover occurs v	vithin 60 days)	
Premature Exempt Distribution	(Including Permanent Disability, SEPP, and	l other identified 72 (t) qualified ex	ceptions. (Documentary evidence required)	
Normal Distribution (Account he	older age 59 ½ or over)			
Death Distribution (If not alread	ly in a Beneficiary IRA; Must provide a cert	ified copy of the account holder's D	Death Certificate)	
			he accepting custodian and complete their	
transfer (TOA) paperwork. A N Step 4: PAYMENT METHOD	ledallion Signature Guarantee stamp may	y be required on their transfer forn	1.	
Taxable Options:				
	urrently on file (Signature Guarantee requ	ired if address changed within 30 da	ays.)	
Electronically transfer funds	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:				
 Deposit cash into my Undire	acted Cash Account			
	itions to the custodian listed below as a Tr	ustoo to Trustoo Transfor		
For a Trustee to Trustee tra	unsfer, this form must be signed and Signa	ature Guaranteed by accepting cus	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	gnature 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