

## RMD CALCULATION FORM The Parking REIT, Inc.

## **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

<u>Regular Mail</u> <u>Overnight Delivery</u>

PO Box 219390 Mail Stop: The Parking REIT Kansas City. MO 64121-9390 430 West 7th Street

Kansas City, MO 64121-9390 430 West 7th Street 855-387-3847 Kansas City, MO 64105-1407

Step 1: IKA OWNER INFORMATION			
RA Owner Name	Social Security Number	Date of Birth	FTR Account Number
Address	City/State/Zip	Email	Phone Number
tep 2: RMD CALCULATION OPTIONS			
Traditional IRA	SEP IRA		Beneficiary IRA (Must complete Step 3)
(year) One-time Custodian	Calculated RMD using only FTR 12/31 acc	count balance.	
tep 3: BENEFICIARY IRA RMD OPTIONS			
equired minimum distributions (RMDs) HAD N	OT started for the original/deceased acc	ount holder.	
I wish to calculate distributions base		halda.	
equired minimum distributions (RMDs) HAD st	<b>.</b>		
☐ I wish to calculate distributions base	d on the oldest beneficiary's life expectar	ncy. (If you are the oldest benefi	iciary, your LE will be used)
I wish to calculate distributions base equired information for Beneficiary RMD Calcul	d on the original account owner's life exp ation:	ectancy.	
Name of prior participant/account owner:			
Date of birth of prior participant/account o	wner:		
Date of death of prior participant/account of	owner:		
Date of birth of the oldest Beneficiary:			
tep 4: CALCULATION MAILING METHOD hareholder Address of Record:			
FTR will mail the calculation to the ad	dress listed on the account.		
	dunce on file fourths Financial Advisor		
FTR will mail the calculation to the adother Address:	uress on the for the Financial Advisor.		
	below. (IRA Owner's signature required)		
	below. (IIVA Owner's signature required)		
irst and Last Name	Mailing Address	City/Sta	ate/Zip
tep 5: SIGNATURE REQUIRED			
y signing below, I certify that the information I I	nave provided is true and correct, and I au	ithorize the Custodian to mail r	my RMD Calculation as instructed above.
he Financial Advisor listed on the account may	sign if the calculation request is mailed	ONLY to Broker Address of Rec	ord or Shareholder Address of Record.
9	nature (or other authorized person*)	L. d. d	Date
* If signing as Power of Attorney, valid POA documents must be included.			