

## INCOME DISTRIBUTION REQUEST FORM TriLinc Global Impact Fund

## Please Print or Type IMPORTANT INFORMATION

Each alternative investment has specific rules around income distributions, please review the terms and conditions outlined within the specific product prospectus for details.

This form is not for withdrawal requests.

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

Regular Mail Overnight Delivery
PO Box 219805 Mail Stop: TriLinc
Kansas City, MO 64121-9805 430 West 7th Street
855-387-3847 Kansas City, MO 64105-1407

| Step 1: IRA OWNER INFORMATION  |  |                                      |  |
|--|--|--------------------------------------|--|
|  |  |                                      |  |
| IDA Oversan Nama   | Conial Consults Neverbor                       | Data of Divide                       | CTD A convert Number (If A celicable)            |
| 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  |  |                                      |  |
| ☐ TriLinc Global Impact Fund*  |  |                                      |  |
| *Income distributions for TriLinc Global   | Impact Fund are processed in accordance w      | vith their respective distribution p | rograms and are subject to                       |
| availability. Please review their prospect   | tuses for frequency and availability details o | or call TriLinc Global Impact Fund   | at 866-292-9452.                                 |
| By submitting this form I am requesting  | g First Trust Retirement to pay out my inco    | ome distributions. Please select     | distribution type in step 3 and payment method i |
| Step 4.  |  |                                      |  |
| To participate in the Distribution Reinv   | estment Plan (DRP), it must be indicated o     | on the applicable Subscription Ag    | reement or product sponsor update form.          |
| Step 3: INCOME DISTRIBUTION INSTRU   |  |                                      |  |
| ☐ Traditional IRA  | ☐ Roth IRA                                     | ☐ SEP IRA                            | ☐ Beneficiary IRA                                |
| Premature Distribution (Account  | holder must be under age 59 ½ - IRS penal      | ty applies unless rollover occurs v  | vithin 60 days)                                  |
| Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. (Documentary evidence required)   |  |                                      |  |
| Normal Distribution (Account hol   | der age 59 ½ or over)                          |                                      |  |
| Death Distribution (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate)  |  |                                      |  |
| IRA Trustee to Trustee Transfer P  | lease note that if requesting an IRA Truste    | ee transfer you need to contact t    | he accepting custodian and complete their        |
|  | edallion Signature Guarantee stamp may b       | be required on their transfer forn   | 1.   |
| Step 4: PAYMENT METHOD Taxable Options:  |  |                                      |  |
|  | rrantly on file (Signature Guarantee require   | ed if address changed within 20 de   | nue l  |
| ☐ 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 |  |                                      |  |
|  |  | ra for new instructions. Signature   | Guarantee required if adding bank within 30 days |
| Mail check to a third party lis  | ted below.                                     |                                      |  |
| Non-Taxable Options:   |  |                                      |  |
| Deposit cash into my Undired   | Deposit cash into my Undirected Cash Account   |                                      |  |
| •  | — ·······                                      |                                      |  |
|  |  |                                      | todian OR must include the custodian's signed    |
| Letter of Acceptance. This co  | istodiai sign on is only required at time of   | distribution establishment. Plea     | se note that this form cannot be notarized.      |
|  |  |                                      |  |
|  |  |                                      |  |
| Payee or Account Name  |  |                                      |  |
|  |  |                                      |  |
|  |  |                                      |  |
| Account Number   |  |                                      |  |
|  |  |                                      |  |
| Street Address   |  |                                      | <b>I</b>   |
| Street Address   |  |                                      | <b>I</b>   |
|  |  |                                      | 1  |
| City State & 7IP   |  | Sig                                  | vnature Guarantee                                |



## INCOME DISTRIBUTION REQUEST FORM TriLinc Global Impact Fund

## 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\*)

Date

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