

Please Print or TypeThis form should be used by the IRA owner or owner of a Beneficiary IRA to request distributions from the account.This form should be reviewed and completed with the assistance of a financial or tax advisor.Step 1: IRA OWNER INFORMATION		Forward To: First Trust Retir <u>Regular Mail</u> PO Box 219805 Kansas City, MO 64121-9805 855-387-3847	<u>Overnight Delivery</u> Mail Stop: TriLinc
IRA Owner Name/Beneficiary Name*	Social Security Number*	Date of Birth*	FTR Account Number (If Applicable)
Address* *If completing for a death distribution, please pro	City/State/Zip* vide the beneficiary information in this	Email section. A Certified Copy of the D	Phone Number* eath Certificate is required.
Step 2: PRODUCT SELECTION TriLinc Global Impact Fund*	Undirected Cash Account**		
*Redemptions for TriLinc Global Impact Fund are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review the prospectuses for details or call TriLinc Global Impact Fund at 866-292-9452. **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  Redeem ENTIRE account	Roth IRA	SEP IRA	Beneficiary IRA
Redeem PARTIAL amount of \$	Or s	shares from account	
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION R         Premature Distribution (Account holder must         Premature Exempt Distribution (Including Per         Normal Distribution (Account holder age 59 ½         Death Distribution (If not already in a Benefici         Return of Excess Contribution Amount \$         Current Year         Direct Roth IRA Conversion Amount \$         IRA Trustee to Trustee Transfer Liquidate and TOA paperwork is received) Please note that transfer (TOA) paperwork. A Medallion Sign         *Deadline to recharacterize a contribution or remote extensions including an automatic 6-month extensions	be under age 59 ½ - IRS penalty applies manent Disability, SEPP, and other iden i or over) iary IRA; Must provide a certified copy o * or Year * or Year * or Year * or Year * move proceeds to Undirected Cash acco <i>if requesting an IRA Trustee transfer you</i> <i>ature Guarantee stamp may be require</i> ove an excess contribution is the IRA Ow	tified 72 (t) qualified exceptions.) f the account holder's Death Certi pount (Proceeds will be deposited in ou need to contact the accepting of d on their transfer form. ner's tax filing deadline (for the ta	ficate) n Undirected Cash account until the <b>custodian and complete their</b>
Traditional IRA       One-time       Custodian Calculated	for \$ (year) RMD	🔲 Beneficiary IRA (Mu	ust complete step 6)
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINU         Required minimum distributions (RMDs) HAI         Please select one of the following options:         Lump Sum (I wish to receive the distribut         +5 years (I wish to take distributions ove         Life (I wish to take distributions based or         If you are the spouse of the original account owner         Recalculated each year         Not recalculated each year	D NOT started for the original/deceased tion in a single lump-sum payment) r a five-year period) n my life expectancy)		se 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:
<ul> <li>I wish to take distributions based on the oldest beneficiary's life expectancy. (If you are the oldest beneficiary, your LE will be used)</li> <li>I wish to continue taking distributions in the manner elected by the original account owner</li> </ul>
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:         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:
<ul> <li>Transfer in Kind my shares to my non-qualified account; Existing Account Number</li> <li>Create New Account (Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.)</li> <li>Mail check to the address currently on file (Signature Guarantee required if address changed within 30 days.)</li> <li>Electronically transfer funds by ACH to my bank (Voided check is required for new instructions. Signature Guarantee required if adding bank within 30 days)</li> <li>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.</li> <li>Non-Taxable Options:</li> <li>Deposit cash into my Undirected Cash Account</li> <li>Transfer in Kind my IRA; Existing Account Number</li> <li>Create New Account (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions)</li> </ul>
Payee or 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