

INCOME DISTRIBUTION REQUEST FORM United Development Funding

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

<u>Regular Mail</u>

<u>Overnight Delivery</u>

PO Box 219096 Mail Stop: United Development

Kansas City, MO 64121-9096 430 West 7th Street 855-387-3847 Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number (If Applicable)
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Address	City/Ctate/7ia	Fil	Dhana Niyerhar
Address Step 2: PRODUCT SELECTION	City/State/Zip	Email	Phone Number
United Development Funding III LP*	United Developme	ent Funding IV*	United Development Funding V*
UDF Land Opportunity Fund LLC*	UDF Land Opportu	_	
*Income distributions for United Developmen			on programs and are subject to
availability. Please review their prospectuses	for frequency and availability details	or call United Development Fund	ding at 800-859-9338.
	t Trust Retirement to pay out my inc	ome distributions. Please selec	ct distribution type in step 3 and payment method in
Step 4.			
To participate in the Distribution Reinvestm	ent Plan (DRP), it must be indicated	on the applicable Subscription	Agreement or product sponsor update form.
Step 3: INCOME DISTRIBUTION INSTRUCTION	INS		
☐ Traditional IRA	Roth IRA	SEP IRA	Beneficiary IRA
Premature Distribution (Account hold	er must be under age 59 ½ - IRS penal	ty applies unless rollover occurs	s within 60 days)
Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. (Documentary evidence required)			
Normal Distribution (Account holder 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 Pleas	e note that if requesting an IRA Trust	ee transfer you need to contact	the accepting custodian and complete their
	ion Signature Guarantee stamp may l	be required on their transfer fo	rm.
Step 4: PAYMENT METHOD Taxable Options:			
	ly on file (Signature Guarantee require	ed if address chanaed 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 l		ed for new instructions. Signatu	re duarance regained if dualing bank within 30 days,
Non-Taxable Options:	Jelow.		
Deposit cash into my Undirected Cash Account			
Transfer my income distributions to the custodian listed below as a Trustee to Trustee Transfer			
For a Trustee to Trustee transfer, this form must be signed and Signature Guaranteed by accepting custodian OR must include the custodian's signed Letter of Acceptance. This custodial sign off is only required at time of distribution establishment. Please note that this form cannot be notarized.			
			_
Payee or Account Name			
Account Number			
Account Number			
Street Address			.
City, State & ZIP			Signature Guarantee



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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.