

Overnight Delivery

430 West 7th Street

Mail Stop: United Development

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

<u>Regular Mail</u>

PO Box 219096

Kansas City, MO 64121-9096

## Please Print or Type

This 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.

tax advisor.		855-387-3847	Kansas City, MO 64105-1407
Step 1: IRA OWNER INFORMATION			
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 Step 2: PRODUCT SELECTION	City/State/Zip* wide the beneficiary information in th	Email is section. A Certified Copy	Phone Number* of the Death Certificate is required.
United Development Funding III LP* UDF Land Opportunities LP* *Redemptions for United Development Funding an Please review the prospectuses for details or call U **The interest rate and annual percentage yield m daily balance method is used to calculate the intere Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS	nited Development Funding at 800-85 ay change at any time.  Interest will be	spective Share Redemption 9-9338 compounded and credited	on the last day of each calendar month. The
Traditional IRA	Roth IRA	SEP IRA	Beneficiary IRA
Redeem ENTIRE account      Redeem PARTIAL amount of \$      Step 4: ONE TIME WITHDRAWAL DISTRIBUTION R	or	shares from account	
<ul> <li><u>Premature Distribution</u> (Account holder must</li> <li><u>Premature Exempt Distribution</u> (Including Per</li> <li><u>Normal Distribution</u> (Account holder age 59 3)</li> <li><u>Death Distribution</u> (If not already in a Benefice</li> <li><u>Return of Excess Contribution</u> Amount \$</li> <li><u>Current Year</u></li> <li><u>Precharacterization</u> Amount \$</li> <li><u>Current Year</u></li> <li><u>Direct Roth IRA Conversion</u> Amount \$</li> <li><u>IRA Trustee to Trustee Transfer</u> Liquidate and TOA paperwork is received) <i>Please note that transfer (TOA) paperwork. A Medallion Sign</i></li> <li>*Deadline to recharacterize a contribution or remote extensions including an automatic 6-month extensions</li> </ul>	rmanent Disability, SEPP, and other ide 2 or over) iary IRA; Must provide a certified copy * ior Year 1 move proceeds to Undirected Cash ac t if requesting an IRA Trustee transfer intrue Guarantee stamp may be requi pove an excess contribution is the IRA O	entified 72 (t) qualified except of the account holder's Dea ccount (Proceeds will be dep you need to contact the account red on their transfer form. wner's tax filing deadline (for	otions.) ath Certificate) posited in Undirected Cash account until the <b>cepting custodian and complete their</b>
Traditional IRA	SEP IRA	Beneficiary	IRA (Must complete step 6)
One-time (year) RMD	) for \$		
Custodian Calculated	(year) RMD		
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTIN			
Required minimum distributions (RMDs) HA	D NOT started for the original/deceas	ed account holder.	
Please select one of the following options: Lump Sum (I wish to receive the distributions over +5 years (I wish to take distributions based o Life (I wish to take distributions based o If you are the spouse of the original account owne	er a five-year period) n my life expectancy)	ctancy recalculated each vea	ar. Please select one:
Recalculated each year	······································	· · · · · · · · · · · · · · · · · · ·	

Not recalculated each year



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:
Required information for beneficiary with 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.
L 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 day</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> </ul>
Non-Taxable Options:
Deposit cash into my Undirected Cash Account
Transfer in Kind my IRA; Existing Account Number
Create New Account (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions)
Payee or Account Name
Account Number
Street Address
City, State & ZIP Signature Guarantee
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.Withhold

% from the amount withdrawn (must be at least 10%).

## Step 9: SUBSTITUTE W-9

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. Step 10: 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 \* If signing as Power of Attorney, valid POA documents must be included. Date