

SYSTEMATIC WITHDRAWAL REQUEST FORM W. P. Carey Non-Traded Programs

Please Print or Type

This form should be used to establish and modify Systematic Withdrawals.

This form should be reviewed and completed with the assistance of a financial or tax advisor.

Forward To: First Trust Retireme	ent, c/o SS&C
<u>Regular Mail</u>	Overnight D
PO Box 219145	Mail Stop: \
Kansas City, MO 64121-9145	430 West 7
855-387-3847	Kansas City,

<u>Overnight Delivery</u> Mail Stop: W. P. Carey 430 West 7th Street Kansas City, MO 64105-1407

Step 1:		IER INFO	RMATION
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IRA Owner Name	Social Security Number	Account Number		
Address	City / State / Zip	Phone Number		
Step 2: SYSTEMATIC WITHDRAWAL INSTRUCTIONS				
Establish New Systematic Withdrawal	Modify Existing Systematic Withdrawal	Discontinue Existing Systematic Withdrawal		
I direct First Trust Retirement, Custodian, to set up my Systema				
Withdrawal Option Amount Undirected Cash** \$		quency Withdrawal Date(s)		
<u></u>				
Custodian Calcu				
Amount – Specify a designated amount or request custodian to Start Month – Month in which Systematic Withdrawal will begin				
Frequency – Monthly (Jan, Feb, Mar, etc.), Quarterly (Mar, Jun, Withdrawal Data(s) – Select a date between 1-28 (If 29, 20 or	Sept, Dec), Semi –Annually (Jun, Dec), Annually (Once per year) 31 are chosen, 28 will be used.) Any withdrawals that occur over	a weekend or non-husiness day will be processed the following		
business day. If Withdrawal Date is not provided, it will defaul		a weekend of non-business day will be processed the johowing		
*The interest rate and annual percentage vield may change at a	any time. Interest will be compounded and credited on the last do	w of each calendar month. The daily balance method is used to		
calculate the interest on cash in the account. The bank deposit		, -,		
Step 3: REASON FOR WITHDRAWAL INSTRUCTIONS				
Traditional IRA		Beneficiary IRA		
	ist be under age 59 ½ - IRS penalty applies unless r	, .		
Premature Exempt Distribution (Including F required)	Permanent Disability, SEPP, and other identified 72	(t) qualified exceptions. Documentary evidence		
 <u>Normal Distribution</u> (Account holder age 59 	% or over)			
(ficiary IRA; Must provide a certified copy of the acc	count holder's Death Certificate)		
Step 4: RMD INSTRUCTIONS				
Traditional IRA	SEP IRA	Beneficiary IRA		
Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUE	ED ON PAGE 2)			
Required minimum distributions (RMDs) HAD	NOT started for the original/deceased account holde	er.		
Please select one of the following options:				
Lump Sum (I wish to receive the distributi	on in a single lump-sum payment)			
+5 years (I wish to take distributions over	a five-year period)			
Life (I wish to take distributions based on	my life expectancy)			
If you are the spouse of the original account owner, you may elect to have your life expectancy recalculated each year. Please select one:				
Recalculated each year				
Not recalculated each year				
Required minimum distributions (RMDs) HAD started for the original/deceased account holder.				
Please select one of the following options:				
I wish to take distributions based on the c	ldest beneficiary's life expectancy. (If you are the olde	est beneficiary, your LE will be used)		
I wish to continue taking distributions in t	he manner elected by the original account owner			



Step 5: BENEFICIARY IRA RMD OPTIONS (CONTIN	UED FROM PAGE 1)	
Required information for Beneficiary RMD Calculat	tion:	
Name of prior participant/account owner:		
Date of death of prior participant/account ow	/ner:	
Date of birth of prior participant/account own	ner:	
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 benefic	iary, account will be registered as a Beneficiary IRA	<u>).</u>
I am the oldest beneficiary of this IRA.		
I am not the oldest beneficiary of this IR	Α.	
Date of Birth of Oldest Beneficiary:		
Step 6: PAYMENT METHOD		
Mail check to the address currently on file.		
Flasher staalle her staals her A CU	rent Banking Instructions on file	New bank instructions. (Complete below section)
		on Bank Letterhead Required)
New Bank Instructions Checking (Voided	Check Required) Savings (Letter	on Bank Letterhead Required)
New Bank Instructions Checking (Voided	Check Required) Savings (Letter	on Bank Letterhead Required)
New Bank Instructions Checking (Voided Bank Name Bank Account Registration (Include all registration name	Check Required) Savings (Letter Routing ABA Number (9-digits)	on Bank Letterhead Required)
New Bank Instructions Checking (Voided	Check Required) Savings (Letter Routing ABA Number (9-digits) mes) • Temporary and Starter checks are not acceptable.	on Bank Letterhead Required)
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IRA Owner Signature

Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the Internal Revenue Code of 1986, as amended, with respect to any assets or property of the IRA account.

Date