

Overnight Delivery

430 West 7th Street

Mail Stop: W. P. Carey

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

<u>Regular Mail</u>

PO Box 219145

Kansas City, MO 64121-9145

Please	Print	or	Туре
--------	-------	----	------

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*	City/State/Zip*	Email	Phone Number*	
*If completing for a death distribution, please provide	the beneficiary information in	this section. A Certified Copy	of the Death Certificate is required.	
Step 2: PRODUCT SELECTION			Com Droporty Acces 19 Clobal *	
Carey Watermark Investors 2* Carey European Student Housing I, LP *	Carey Watermark Investo Undirected Cash Account		Corp Property Assoc. 18 – Global *	
*Redemptions for W. P. Carey are processed in accordan			subject the availability. Please review the	
prospectuses for details or call W. P. Carey at 888-241-3	737.			
**The interest rate and annual percentage yield may che				
daily balance method is used to calculate the interest on Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS	Cash in the account. The bank	deposit is insured up to applic	able FDIC IIMIUS.	
	Roth IRA	SEP IRA	Beneficiary IRA	
Redeem ENTIRE account				
Redeem PARTIAL amount of \$	or	shares from account		
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION REASO	N	—		
Premature Distribution (Account holder must be u		olies unless rollover occurs wit	hin 60 days)	
Premature Exempt Distribution (Including Permane)				
Normal Distribution (Account holder age 59 ½ or o		.,		
<u>Death Distribution</u> (If not already in a Beneficiary II		py of the account holder's Dea	th Certificate)	
Return of Excess Contribution Amount \$	*	,		
Current Year	ar			
Recharacterization Amount \$	*			
Current Year	ar			
Direct Roth IRA Conversion Amount \$				
	e proceeds to Undirected Cash	account (Proceeds will be dep	osited in Undirected Cash account until the	
IRA Trustee to Trustee Transfer Liquidate and move proceeds to Undirected Cash account (Proceeds will be deposited in Undirected Cash account until the TOA paperwork is received) Please note that if requesting an IRA Trustee transfer you need to contact the accepting custodian and complete their				
transfer (TOA) paperwork. A Medallion Signature				
*Deadline to recharacterize a contribution or remove ar extensions including an automatic 6-month extension for			r the tax year of the contribution), plus any	
Step 5: RMD INSTRUCTIONS	in those who me by the tax dea	unite.		
Traditional IRA	🗌 SEP IRA	Beneficiary	IRA (Must complete step 6)	
One-time (year) RMD for \$				
Custodian Calculated (yet)	ear) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED C	ON PAGE 2)			
Required minimum distributions (RMDs) HAD NO	T started for the original/dece	ased account holder.		
Please select one of the following options:				
Lump Sum (I wish to receive the distribution i	n a single lump-sum payment)			
+5 years (I wish to take distributions over a five	/e-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 exp	pectancy recalculated each yea	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:
I wish to take distributions based on the oldest beneficiary's life expectancy. (If you are the oldest beneficiary, your LE will be used)
I wish to continue taking distributions in the manner elected by the original account owner
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).
\Box 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:
Transfer in Kind my shares to my non-qualified account; Existing Account Number
Create New Account (Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.)
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 day
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 b notarized.
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



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