

Please Print or Type

This form should be used by the IRA owner or owner of a Beneficiary IRA to request an RMD Calculation only. This form does NOT request a distribution, if you need to request a distribution please refer to the FTR website for the appropriate Withdrawal or Liquidation form.

Forward To: First Trust Retirem	nent, c/o SS&C
<u>Regular Mail</u>	<u>Overnight D</u>
PO Box 219030	Mail Stop: V
Kansas City, MO 64121-9030	430 West 7
855-387-3847	Kansas City.

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

Step 1: IRA OWNER INFORMATION				
IRA Owner Name	Social Security Number	Date of Birth	FTR Account Number	
Address	City/State/Zip	Email	Phone Number	
Step 2: RMD CALCULATION OPTIONS				
Traditional IRA	SEP IRA		Beneficiary IRA (Must complete Step 3)	
(year) One-time Custodian Calculated R	MD using only FTR 12/31 account balan	ice.		
Step 3: BENEFICIARY IRA RMD OPTIONS				
Required minimum distributions (RMDs) HAD NOT started for	or the original/deceased account holde	r.		
I wish to calculate distributions based on my life Expectancy.				
Required minimum distributions (RMDs) HAD started for the original/deceased account holder.				
I wish to calculate distributions based on the oldest beneficiary's life expectancy. (If you are the oldest beneficiary, your LE will be used)				
I wish to calculate distributions based on the original account owner's life expectancy.				
Required information for Beneficiary RMD Calculation:	·····			
Name of prior participant/account owner:				
Date of birth of prior participant/account owner:				
Date of death of prior participant/account owner:				
—				
Date of birth of the oldest Beneficiary:				
Step 4: CALCULATION MAILING METHOD				
Shareholder Address of Record:				
FTR will mail the calculation to the address listed o	n the account.			
Broker Address of Record:				
FTR will mail the calculation to the address on file	for the Financial Advisor.			
Other Address:				
FTR will mail to the address provided below. (IRA Owner's signature required)				
First and Last Name		C:+1	State /7in	
First and Last Name Maili Step 5: SIGNATURE REQUIRED	ing Address	City/:	State/Zip	
By signing below, I certify that the information I have provided is true and correct, and I authorize the Custodian to mail my RMD Calculation as instructed above.				

The Financial Advisor listed on the account may sign if the calculation request is mailed ONLY to Broker Address of Record or Shareholder Address of Record.

IRA Owner Signature (or other authorized person*) * If signing as Power of Attorney, valid POA documents must be included. Date