

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 Retirement, c/o SS&C

Regular Mail

PO Box 219312

Kansas City, MO 64121-9312

855-387-3847

Overnight Delivery

Mail Stop: CIM

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 RMD using only FTR 12/31 account balance.

Step 3: BENEFICIARY IRA RMD OPTIONS

Required minimum distributions (RMDs) HAD NOT started for the original/deceased account holder.

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 on 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 _____ Mailing Address _____ City/State/Zip _____

Step 5: SIGNATURE REQUIRED

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*)

Date

** If signing as Power of Attorney, valid POA documents must be included.*