

FIRST TRUST	IRA WITHDRAWAL/RMD FORM			
<b>RETIREMENT</b>			СІМ	
Please Print or Type This form should be used by the IRA owner or owne distributions from the account. This form should be reviewed and completed with tax advisor. Step 1: IRA OWNER INFORMATION		Forward To: First Trust <u>Regular Mail</u> PO Box 219312 Kansas City, MO 64121-9: 855-387-3847	<u>Overnight Delivery</u> Mail Stop: CIM	
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 prov Step 2: PRODUCT SELECTION	vide the beneficiary information in this s	section. A Certified Copy of a	the Death Certificate is required.	
Cole Office & Industrial REIT (CCIT II), Inc.*	Cole Credit Property Trust IV, In	c.* 🗌 Col	le Office & Industrial REIT (CCIT III), Inc.*	
Cole Credit Property Trust V, Inc.*	CIM Income NAV*	_	directed Cash Account**	
*Redemptions for CIM products are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review				
the prospectuses for details or call CIM products at 866-907-2653. **The interest rate and annual percentage yield may change at any time. Interest will be compounded and credited on the last day of each calendar month. The daily balance method is used to calculate the interest on cash in the account. The bank deposit is insured up to applicable FDIC limits.				
Step 3: ONE TIME WITHDRAWAL INSTRUCTIONS	Roth IRA	SEP IRA	Remeficient IRA	
Redeem ENTIRE account		SEP IRA	Beneficiary IRA	
Redeem PARTIAL amount of \$	or	hares from account		
Step 4: ONE TIME WITHDRAWAL DISTRIBUTION R				
<ul> <li>Premature Distribution (Account holder must be under age 59 ½ - IRS penalty applies unless rollover occurs within 60 days)</li> <li>Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions.)</li> <li>Normal Distribution (Account holder age 59 ½ or over)</li> <li>Death Distribution (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate)</li> <li>Return of Excess Contribution Amount \$*</li> <li>Current Year Prior Year</li> </ul>				
	* or Year			
<ul> <li>Direct Roth IRA Conversion Amount \$</li> <li><u>IRA Trustee to Trustee Transfer</u> Liquidate and move proceeds to Undirected Cash account (Proceeds will be deposited in Undirected Cash account until the TOA paperwork is received) <i>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 Guarantee stamp may be required on their transfer form.</i></li> <li>*Deadline to recharacterize a contribution or remove an excess contribution is the IRA Owner's tax filing deadline (for the tax year of the contribution), plus any extensions including an automatic 6-month extension for those who file by the tax deadline.</li> <li>Step 5: RMD INSTRUCTIONS</li> </ul>				
Traditional IRA	SEP IRA	Beneficiary IR/	A (Must complete step 6)	
One-time (year) RMD	for \$			
Custodian Calculated	(year) RMD			
Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINU	JED ON PAGE 2)			
Required minimum distributions (RMDs) HAD NOT started for the original/deceased account holder.				
Please select one of the following options:  Lump Sum (I wish to receive the distribut +5 years (I wish to take distributions based on Life (I wish to take distributions based on)	r a five-year period)			
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				



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Step 6: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)				
Required minimum distributions (RMDs) HAD started for the original/deceased acc	count holder.			
Please select one of the following options:				
I wish to take distributions based on the oldest beneficiary's life expectancy. ( <i>If</i>	vou are the oldest beneficiary. your LE will be used)			
I wish to continue taking distributions in the manner elected by the original according to the second secon				
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 Ber	neficiary IRA).			
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	nt 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 days)				
Mail check to a third party listed below. Form must be signed and Signature Guaran	teed for this payment method. Please note that this form cannot be			
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 accoun	t 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. 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