

SYSTEMATIC WITHDRAWAL REQUEST FORM OWI Rock

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 Retirement, c/o SS&C

Regular Mail Overnight Delive

Regular MailOvernight DeliveryPO Box 219398Mail Stop: Owl RockKansas City, MO 64121-9398430 West 7th Street

855-387-3847 Kansas City, MO 64105-1407

Step 1: IKA OWNER INFORMATION			
IRA Owner Name	Social Security Number	Account Number	
Address	City / State / Zip	Phone Number	
Step 2: SYSTEMATIC WITHDRAWAL INSTRUCTIO	NS		
Establish New Systematic Withdrawal	☐ Modify Existing Systematic W	/ithdrawal Discontinue Existing Systematic Withdrawal	
I direct First Trust Retirement, Custodian, to set up my S Withdrawal Option Amou		Frequency Withdrawal Date(s)	
Undirected Cash** \$	OR	□ M □ Q □ SA □ A	
☐ Custodia	n Calculated RMD		
Amount – Specify a designated amount or request custodian to calculate RMD amount Start Month – Month in which Systematic Withdrawal will begin (Must be at least one month past date form is delivered) Frequency – Monthly (Jan, Feb, Mar, etc.), Quarterly (Mar, Jun, Sept, Dec), Semi –Annually (Jun, Dec), Annually (Once per year) Withdrawal Date(s) – Select a date between 1-28. (If 29, 30, or 31 are chosen, 28 will be used.) Any withdrawals that occur over a weekend or non-business day will be processed the following business day. If Withdrawal Date is not provided, it will default to the 15 th of designated frequency. *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			
Step 3: REASON FOR WITHDRAWAL INSTRUCTION Traditional IRA		SEP IRA Beneficiary IRA	
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Premature Distribution (Account holder must be under age 59 ½ - IRS penalty applies unless rollover occurs within 60 days) Premature Exempt Distribution (Including Permanent Disability, SEPP, and other identified 72 (t) qualified exceptions. Documentary evidence required)			
Normal Distribution (Account holder	age 59 ½ or over)		
Death Distribution (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate)			
Step 4: RMD INSTRUCTIONS	_	_	
☐ Traditional IRA	☐ SEP IRA	☐ Beneficiary IRA	
Step 5: BENEFICIARY IRA RMD OPTIONS (CON			
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 distribution in a single lump-sum payment)			
+5 years (I wish to take distributions over a five-year period)			
To years (I wish to take distribution	s over a five-year period)		
Life (I wish to take distributions bas			
Life (I wish to take distributions bas	ed on my life expectancy)	ectancy recalculated each year. Please select one:	
Life (I wish to take distributions based in the spouse of the original account	ed on my life expectancy)	ectancy recalculated each year. Please select one:	
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Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)	
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)	<u>.</u>
I am the oldest beneficiary of this IRA.	
I am not the oldest beneficiary of this IRA.	
Date of Birth of Oldest Beneficiary:	
Step 6: PAYMENT METHOD	
Mail check to the address currently on file.	
	New bank instructions. (Complete below section)
Nov. Paul Instructions	on Bank Letterhead Required)
	. ,
Bank Name Routing ABA Number (9-digits)	Bank Account Number
Todding ADA Number (5-digits)	Bank Account Number
Bank Account Registration (Include all registration names) • Only one bank account may be on file. • Temporary and Starter checks are not acceptable.	
• Signature of bank account owner must be same as IRA holder. • If voided check is not available, a letter on bank letterh	nead signed by a branch manager outlining all above information.
Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED) (Form W-4P/OMB No. 1545-041 In compliance with the "Tax Equity and Fiscal Responsibility Act," First Trust Retirement, as custodian, is requ	•
distributions. You may exercise your right to elect not to have funds withheld. This election will be in effect u	
at any time and as often as you wish. You may elect out of this withholding by checking the appropriate box k	pelow. Please note that penalties may be incurred under
the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.	
If no election is made, First Trust Retirement is required to withhold 10% Federal Income Tax. State Income	e Taxes cannot be withheld from your distribution.
Do not withhold taxes.	
Withhold % from the amount withdrawn (must be at least 10%).	
withhold % from the amount withdrawn (must be at least 10%).	
Step 8: SIGNATURE REQUIRED	
I hereby acknowledge that this agreement is between the IRA Owner named in Step 1 and the Custodian and that Product and its affiliates (i) shal executed in connection herewith; (ii) shall have no responsibility, discretion or involvement in evaluating or selecting assets or investments; and (iii) shall not be deemed to be a "fiduciary" as defined in the Employee
Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the Internal Revenue Code of 1986, as amended, with respect to an	ly assets or property of the IRA account.
IRA Owner Signature	Date