

ANNUAL CUSTODIAN ADMIN FEE OPT IN/OPT OUT REQUEST FORM Procaccianti Hotel REIT, Inc.

Please Print or Type

Use this form to opt in to automatic charge of the Annual Custodian Admin Fee or opt out of automatic charge of the Annual Custodian Admin Fee.

Forward To: First Trust Retirement, c/o DST Systems, Inc.

Regular Mail PO Box 219959 Overnight Delivery
Mail Stop: Procaccianti
430 West 7th Street

Kansas City, MO 64121-9959 855-387-3847

430 West 7th Street Kansas City, MO 64105-1407

Step 1: Name	& Address		
IRA Owner Nai	me	Social Security Number	Account Number
		,	
Address		City / State / Zip	Phone Number
Step 2: Custod	ian Admin Fee Acknowledgement & Signature		
in the admini current accor prepaid and/ the year, tha	tirement, as Custodian, may charge reasonable fees or compensation of your IRA account, including any legal, accounting, distribunt fees, visit the FTR website, http://www.firsttrustretirement.com or collected in the first quarter of every year. If a new account to with account's fee will be collected in the last quarter for that year only the first quarter.	oution, transfer, termination or other don <mark>/fees.html</mark> . The fee for existing accour hich the Custodian Admin fee applies is	esignated fees. To review the at holders will be due to be sopened after the first quarter
	Automatic Deduction By checking this box and signing below, I hereby instruct and author Custodian Admin Fee from the Undirected Cash in my account. I understand and acknowledge that my Custodian Admin Fee will be date. I understand that if my Undirected Cash account is insufficient.	pe deducted from the Undirected Cash	in my account upon due
	investment's income distributions payments until the fee is paid. Mail Invoice By checking this box and signing below, I hereby instruct and authorized for the annual Custodian Admin Fee, and agree that I will p		my address on record an
	I understand and acknowledge that if First Trust Retirement does automatically deducted from the Undirected Cash in my account. deducted from the investment's income distributions payments un	If my Undirected Cash is insufficient to	
	Investor Signature	Date	

