



INCOME DISTRIBUTION REQUEST FORM

AR Global Investments, LLC

Please Print or Type

IMPORTANT INFORMATION

Each alternative investment has specific rules around income distributions, please review the terms and conditions outlined within the specific product prospectus for details.

This form is not for withdrawal requests.

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

Regular Mail

PO Box 219865

Kansas City, MO 64121-9865

855-387-3847

Overnight Delivery

Mail Stop: ARC

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 (If Applicable)

Address City/State/Zip Email Phone Number

Step 2: PRODUCT SELECTION

- Product selection checkboxes

*Income distributions for AR Capital are processed in accordance with their respective distribution programs and are subject to availability. Please review their prospectuses for frequency and availability details or call AR Capital at 866-771-2088.

By submitting this form I am requesting First Trust Retirement to pay out my income distributions. Please select distribution type in step 3 and payment method in Step 4.

To participate in the Distribution Reinvestment Plan (DRP), it must be indicated on the applicable Subscription Agreement or product sponsor update form.

Step 3: INCOME DISTRIBUTION INSTRUCTIONS

- Traditional IRA, Roth IRA, SEP IRA, Beneficiary IRA, Premature Distribution, etc.

Step 4: PAYMENT METHOD

Taxable Options:

- Mail check to the address currently on file, Electronically transfer funds by ACH, Mail check to a third party listed below.

Non-Taxable Options:

- Deposit cash into my Undirected Cash Account, Transfer my income distributions to the custodian listed below as a Trustee to Trustee Transfer

For a Trustee to Trustee transfer, this form must be signed and Signature Guaranteed by accepting custodian OR must include the custodian's signed Letter of Accce custodial sign off is only required at time of distribution establishment. Please note that this form cannot be notarized.

Payee or Account Name, Account Number, Street Address, City, State & ZIP

Signature Guarantee box

Step 5: 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.

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 6: SIGNATURE

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's Signature (or other authorized person*)

Date