

INCOME DISTRIBUTION REQUEST FORM

Benefit Street Partners

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.

<u>Regular Mail</u> <u>Overnight Delivery</u>

PO Box 219943 Mail Stop: Benefit Street Partners

Kansas City, MO 64121-9943 430 West 7th Street

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

Address City / State / Zip Email Phone Number Step 2: INCOME DISTRIBUTION INSTRUCTIONS' Product: Really Friance Trust, Inc *Income distributions for Benefit Street Partners are processed in accordance with their respective distribution programs and are subject to availability. Please review their prospectures for frequency and availability details or at Benefit Street Partners of 888 262-7150. Please pay out my income distributions, (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: NeColin Distribution from a: "TRADITIONAL ROTH ISEP IRA Inherited IRA Distribution from a: "TRADITIONAL ROTH ISEP IRA Inherited IRA Distribution from a: "TRADITIONAL ROTH ISEP IRA Inherited IRA Distribution from a: "TRADITIONAL ROTH INDIPARTNES" Premature Exempt Distribution (Account holder must be under age 59 1/2 or over; includes Required Minimum Distributions) Detail (In or all reads) in a Beneficiary IRA (Must provide a certified copy of the account holder step 59 1/2 or over; includes Required Minimum Distributions) Detail (In or all reads) in a Beneficiary IRA (Must provide a certified copy of the account holder step 50 seath Certificate) RA Trustee to Trustee Custodial Transfer (Non-Taxable). 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 Acceptance. **Step 8: PAYMENT INSTRUCTIONS** Bell check to the address currently on file. Electronically deposit by ACH to my bank. (A voided check is required.) Deposit into my Undirected Cash Account, (This is not a taxable distribution.) Add check to the address currently on file. Electronically deposit by ACH to my bank. (A voided check is required.) Payee or Account Name Account Number Account Number	IRA Owner Name	Social Security Number	Date of Birth	Account Number (if Applicable)
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INCOME DISTRIBUTION REQUEST FORM

Benefit Street Partners

Step 5: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED*) (Form W-4P/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

required to withhold 10% Federal Incon	may elect out of this withholding by checking the Tax. State Income Taxes cannot be withhold or estimated tax payments are not sufficing to the sufficing tax of the sufficient tax of	eld from your distribution. Please not	•
Please note that withholding cannot be	done for Transfers-in-Kind or Transfers to N	Ion-Qualified accounts.	
☐ Do not withhold taxes.			
☐ Withhold% from t	ne amount withdrawn (must be at least 10%)).	
itep 6: SIGNATURE			
By signing below, I certify that the inform	nation I have provided is true and correct, an	d I authorize the Custodian to distribu	te my IRA as instructed above.
IRA Owner's Signature (or other auti	norized person)	Date	
-			