

Please Print or Type

This form should be used by the IRA owner or owner of a Beneficiary IRA to request distributions from the account.

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

PO Box 219079

Kansas City, MO 64121-9079

855-387-3847

Overnight Delivery

Mail Stop: DPF

430 West 7th Street

Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION

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 provide the beneficiary information in this section. A Certified Copy of the Death Certificate is required.**

Step 2: PRODUCT SELECTION

- Black Creek Diversified Property Fund, Inc.* Undirected Cash Account**

**Redemptions for Diversified Property Fund, Inc. are processed in accordance with their respective Share Redemption Programs and are subject the availability. Please review the prospectuses for details or call Diversified Property Fund, Inc. at 888-310-9352.*

***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

- Traditional IRA Roth IRA SEP IRA Beneficiary IRA
(Must Complete Designated Beneficiary Election Form)

Redeem ENTIRE account

Redeem PARTIAL amount of \$ _____ or _____ shares from account

Step 4: ONE TIME WITHDRAWAL DISTRIBUTION REASON

- 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.)
- 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)
- Return of Excess Contribution Amount \$ _____ *
 Current Year Prior Year
- Recharacterization Amount \$ _____ *
 Current Year Prior Year
- Direct Roth IRA Conversion Amount \$ _____
- IRA Trustee to Trustee Transfer Liquidate and move proceeds to Undirected Cash account (Proceeds will be deposited in Undirected Cash account until the TOA paperwork is received) **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.**

*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.

Step 5: RMD INSTRUCTIONS

- Traditional IRA SEP IRA Beneficiary IRA
(Must Complete Designated Beneficiary Election Form)

One-time _____ (year) RMD for \$ _____

Custodian Calculated _____ (year) RMD *(Not available for Beneficiary IRA)*

Step 6: PAYMENT METHOD

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 account for Recharacterization or Roth Conversions)*

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 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 Guaranteed for this payment method. Please note that this form cannot be notarized.**

Payee or Account Name _____

Account Number _____

Street Address _____

City, State & ZIP _____

Signature Guarantee

Step 7: 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 8: 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 9: 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

Date

** If signing as Power of Attorney, valid POA documents must be included.*