

INCOME DISTRIBUTION REQUEST FORM

Bluerock Asset Management

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 219445 Mail Stop: Bluerock Kansas City, MO 64121-9445 430 West 7th Street

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

Step 1: IRA OWNER INFORMATION IRA Owner Name Social Security Number Date of Birth Account Number (if Applicable) Address City / State / Zip Email **Phone Number** Step 2: INCOME DISTRIBUTION INSTRUCTIONS* Product: ☐ Bluerock Total Income + Real Estate* *Income distributions for Bluerock Asset Management 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 Bluerock Asset Management at 844-819-8287. 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 REPORTING** Distribution from a:

TRADITIONAL ROTH ☐ SEP IRA ☐ Beneficiary IRA ☐ Premature Distribution (Account holder must be under age 59 1/2 - 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 is required* ☐ Normal Distribution (Account holder age 59 1/2 or over; includes Required Minimum Distributions) ☐ Death (If not already in a Beneficiary IRA: Must provide a certified copy of the account holder's Death Certificate) ☐ IRA 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. *Documentary evidence is required for SEPP and Disability Distributions. Specific details outlining requirements can be located in the Guide at www.firsttrustretirement.com. **Step 4: PAYMENT INSTRUCTIONS Taxable Options:** ☐ Mail check to the address currently on file. ☐ Electronically deposit by ACH to my bank. (A voided check may be required by the product sponsor.) ☐ Mail check to a third party listed below. **Non-Taxable Options:** Deposit into my Undirected Cash Account. ☐ Transfer my income distributions to the custodian listed below as a Trustee to Trustee 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. This custodial sign off is only required at time of distribution establishment. Please note that this form cannot be notarized. Signature Guarantee Account Number Payee or Account Name Address

Accepting Custodian Sign off



INCOME DISTRIBUTION REQUEST FORM

Bluerock Asset Management

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.

IRA Owner's Signature (or other authorized person)

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.

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.

Date