

INCOME DISTRIBUTION REQUEST FORM

CION Investments

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.

Step 1: IRA OWNER INFORMATION

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

Regular Mail

PO Box 219476

Mail Stop: CION Investments

Kansas City, MO 64121-9476 430 West 7th Street

Signature Guarantee

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

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	Grey/ Greate/ E.p	2	There Hamber		
☐ CĪON Investment Corporation*					
*Income distributions for CION Investments are processed i	n accordance with their respect	ive distribution program	s and are subject to availability. Please		
review their prospectuses for frequency and availability det	ails or call CION Investments at	800-343-3736.			
By submitting this form I am requesting First Trust Retire	ment to pay out my income dis	tributions. Please selec	t 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 a	pplicable Subscription A	Agreement or product sponsor update form.		
Step 3: INCOME DISTRIBUTION INSTRUCTIONS					
☐ Traditional IRA ☐ Roth IRA			☐ Beneficiary IRA		
Premature Distribution (Account holder must be un					
Premature Exempt Distribution (Including Permane	•	lentified 72 (t) qualified (exceptions. Documentary evidence required)		
Normal Distribution (Account holder age 59 ½ or ov	ver)				
<u>Death Distribution</u> (If not already in a Beneficiary IR	A; Must provide a certified cop	y of the account holder's	s Death Certificate)		
	•	•	e deposited in Undirected Cash account until the TOA		
paperwork is received) Please note that if requesti paperwork. A Medallion Signature Guarantee sta			epting custodian and complete their transfer (TOA)		
Step 4: PAYMENT METHOD					
Taxable Options:					
Mail check to the address currently on file (Signature	re Guarantee required if addres	s changed within 30 day	s.)		
Electronically transfer funds by ACH to my bank (Vo	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.	Mail check to a third party listed below.				
Non-Taxable Options:					
Deposit cash into my Undirected Cash Account	Deposit cash into my Undirected Cash Account				
Transfer my income distributions to the custodian I	isted below as a Trustee to Tru	stee Transfer			
			odian OR must include the custodian's signed Letter of Acc		
custodial sign off is only required at time of distril	oution establishment. Please n	ote that this form canno	ot be notarized.		
Payee or Account Name					
Account Number					
Street Address					

City, State & ZIP



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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

any time and as often as you wish. You		ction will be in effect until you change it. You may change or rev ne appropriate box below. Please note that penalties may be inc nt.	
If no election is made, First Trust Retir	ement is required to withhold 10% Federal Inco	ome Tax. State Income Taxes cannot be withheld from your dis	stribution.
☐ Do not withhold taxes.			
☐ Withhold	% from the amount withdrawn (must be at l	least 10%).	
tep 6: SIGNATURE			
y signing below, I certify that the ir	nformation I have provided is true and corre	ect, and I authorize the Custodian to distribute my IRA as	instructed above.
IRA Owner's Signatu	ure (or other authorized person*)	Date	