FT First Trust Retirement

WITHDRAWAL/RMD REQUEST
Carter Validus Mission Critical REITs

Please Print or Type

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

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

Regular Mail
PO Box 219731
Kansas City, MO 64121-9731
888.292.3178

Overnight Delivery
Mail Stop: CV Mission Critical REITs
430 West 7th Street
Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION

Name | Social Security Number | Date of Birth | Account Number (if applicable)

Street Address | City | State | Zip | Phone Number

Step 2: IRA BENEFICIARY INFORMATION (Complete ONLY for a death withdrawal)

Name | Social Security Number | Date of Birth | Account Number (if applicable)

Street Address | City | State | Zip | Phone Number

Step 3: WITHDRAWAL INSTRUCTIONS

☐ Carter Validus Mission Critical REIT, Inc.* ☐ Carter Validus Mission Critical REIT II, Inc.*
☐ Undirected Cash Account **

*Redemptions for Carter Validus Mission Critical REITs are processed in accordance with their respective Share Redemption Program and are subject to availability. Please review their prospectus for details or call Carter Validus Mission Critical REITs at 888-292-3178.

Option 1. Please indicate one of the following options (Select payment method in Step 5):

If withdrawal is for $100,000 or greater, a Signature Guarantee is required in Step 5.

☐ I wish to redeem my entire account.
☐ I wish to make a one-time, partial withdrawal of $_____ or _____ (# of shares) from my account

Option 2. Required Minimum Distribution (RMD) Options (for Traditional or SEP IRA Owners age 70 1/2 or older):

☐ I wish to make a one-time withdrawal of my RMD for _____ (year) in the amount of $_____ distributed per my instructions in Step 5.
☐ I wish to have my RMD for _____ (year) calculated by the custodian and distributed per my instructions in Step 5.

*** 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 4: REASON FOR WITHDRAWAL

Withdrawal from a TRADITIONAL or SEP 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)
☐ Return of Excess Contribution: For what year was the contribution made? ☐ Current Year ☐ Prior Year**
Excess Contribution Amount $ _____
☐ Recharacterization: For what year was the contribution made? ☐ Current Year ☐ Prior Year**
Recharacterization Amount $ _____
☐ 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 to 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.

Withdrawal from a ROTH 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)
☐ Death (**If not already in a Beneficiary IRA**: Must provide a certified copy of the account holder's Death Certificate; W-9 required)
☐ Return of Excess Contribution: For what year was the contribution made? ☐ Current Year ☐ Prior Year**
Excess Contribution Amount $ _____
☐ Recharacterization: For what year was the contribution made? ☐ Current Year ☐ Prior Year**
Recharacterization 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 to 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.

* Documentary evidence is required for SEPP and Disability Distributions. Specific details outlining requirements can be located in the Guide at www.firsttrustretirement.com.

**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: PAYMENT METHOD

- ☐ 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. Signature Guarantee required if adding bank within 30 days.)
- ☐ Deposit cash into my Undirected Cash Account. (This is not a taxable distribution.)
- ☐ Transfer in Kind my shares to my non-qualified account; Existing Account Number _____(taxable distribution)
  - ☐ Create New Account (Submit new subscription document if non-qualified account does not exist. See product prospectus for requirements.)
- ☐ Transfer in Kind my shares to my IRA; Existing Account Number _____
  - ☐ Create New Account (Must complete an IRA Application to create a new account for Recharacterization or Roth Conversions).
- ☐ Mail check to a third party listed below. (This will be coded as a taxable distribution.)

For this payment method, the form must be signed and Signature Guaranteed. Please note that this form cannot be notarized.

Signature Guarantee

Payee or Account Name _____ Account Number _____

Address _____

Step 6: INCOME TAX WITHOLDING (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 at any time and as often as you wish. You may elect out of this withholding by checking the appropriate box below. **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.** 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 and transfers to non-qualified accounts.**

- ☐ Do not withhold taxes.
- ☐ Withhold _____% from the amount withdrawn (must be at least 10%).

Step 7: 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 8: 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 _____

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