

**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 SS&C

Regular Mail

PO Box 219065

Kansas City, MO 64121-9065

855-387-3847

Overnight Delivery

Mail Stop: Cottonwood

430 West 7th Street

Kansas City, MO 64105-1407

**Step 1: IRA OWNER INFORMATION**

|                |                        |               |                                    |
|----------------|------------------------|---------------|------------------------------------|
| 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**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cottonwood Multifamily Opportunity Fund* | <input type="checkbox"/> Cottonwood Residential REIT*                             | <input type="checkbox"/> Cottonwood Multifamily REIT I*                           |
| <input type="checkbox"/> Cottonwood Multifamily REIT II*          | <input type="checkbox"/> Cottonwood Residential Inc. Series 2016 Preferred Stock* | <input type="checkbox"/> Cottonwood Residential Inc. Series 2017 Preferred Stock* |
| <input type="checkbox"/> Cottonwood Communities, Inc.*            | <input type="checkbox"/> Cottonwood Communities, Inc. Preferred Equity*           |   |

*\*Income distributions for Cottonwood 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 Cottonwood at 877-584-1800.*

**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 INSTRUCTIONS**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> <b>Traditional IRA</b> | <input type="checkbox"/> <b>Roth IRA</b> | <input type="checkbox"/> <b>SEP IRA</b> | <input type="checkbox"/> <b>Beneficiary IRA</b> |
|---|--|---|---|
- 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. (Documentary evidence required)
  - 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)
  - IRA Trustee to Trustee Transfer **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.**

**Step 4: PAYMENT METHOD**

**Taxable Options:**

- 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.

**Non-Taxable Options:**

- Deposit cash into my Undirected Cash Account
- Transfer my income distributions to the custodian listed below as a Trustee to Trustee Transfer

**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.**

Payee or Account Name

Account Number

Street Address

City, State & ZIP

Signature Guarantee

**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 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.

**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 6: 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.

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IRA Owner Signature(or other authorized person\*)

Date

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