

**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 219722  
 Kansas City, MO 64121- 9722  
 855-387-3847

Overnight Delivery

Mail Stop: Monogram  
 430 West 7th Street  
 Ste 219722  
 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 Telephone Number

**Step 2: IRA BENEFICIARY INFORMATION (Complete ONLY for a death distribution.)**

Beneficiary Name Social Security Number Date of Birth FTR Account Number (if Applicable)

Address City / State / Zip Email Telephone Number

**Step 3: WITHDRAWAL INSTRUCTIONS**

**Product:**

- \_\_\_\_\_ ("The Product")\*  Undirected Cash Account \*\*

*If your shares of the listed product have already been sold over the phone or in writing, and you wish to redeem the cash proceeds of that transaction, please select the "Undirected Cash (Morrill & Janes Bank and Trust NOW Account)" on this form to redeem the cash proceeds.*

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

- I wish to liquidate my entire account.  
 I wish to make a liquidation of \_\_\_\_\_ (number 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 \_\_\_\_\_ (shares) distributed per my instructions in Step 5.

\* A \$20 dollar sales fee and .03 cents per share fee will be charged for the cost of trading the shares on the market.

\*\* 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**

- Do Not Distribute from IRA. Place proceeds into Undirected Cash Account (Proceed to Step 8)**

**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)
- 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 remain in Undirected Cash account unless 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](http://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**

- Deposit cash into my Undirected Cash Account. *(This is not a taxable distribution.)*
- 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.)*
- Transfer in Kind my shares to my non-qualified account held outside of FTR; must include DTC delivery instructions.
- 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.) **Form must be signed and Signature Guaranteed for this payment method. Please note that this form cannot be notarized.**

Signature Guarantee

\_\_\_\_\_  
 Payee or Account Name

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Address

**Step 6: 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.

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 or 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.*