

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 219004
 Kansas City, MO 64121-9004
 855-387-3847
Overnight Delivery
 Mail Stop: Participant Capital
 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

Participant Capital Fund I*

**Income distributions for Participant Capital Fund I, LP 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 Participant Capital Fund I, LP at 833-469-7727.*

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

- Traditional IRA**
 Roth IRA
 SEP IRA
 Beneficiary IRA
 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.

IRA Owner Signature(or other authorized person*)

Date

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