



SYSTEMATIC WITHDRAWAL REQUEST FORM Procaccianti Hotel REIT, Inc.

Please Print or Type

This form should be used to establish and modify Systematic Withdrawals.

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

Regular Mail

PO Box 219959

Kansas City, MO 64121-9959

855-387-3847

Overnight Delivery

Mail Stop: Procaccianti

430 West 7th Street

Kansas City, MO 64105-1407

This form should be reviewed and completed with the assistance of a financial or tax advisor.

Step 1: NAME & ADDRESS

IRA Owner Name, Social Security Number, Account Number, Address, City / State / Zip, Phone Number

Step 2: SYSTEMATIC WITHDRAWAL INSTRUCTIONS

- Establish New Systematic Withdrawal, Modify Existing Systematic Withdrawal, Discontinue Existing Systematic Withdrawal

I direct First Trust Retirement, Custodian, to set up my Systematic Withdrawal as follows:

Withdrawal Option, Amount, Start Month, Frequency, Withdrawal Date(s)

Amount - Specify a designated amount or request custodian to calculate RMD amount

Start Month - Month in which Systematic Withdrawal will begin (Must be at least one month past date form is delivered)

Frequency - Monthly (Jan, Feb, Mar, etc.), Quarterly (Mar, Jun, Sept, Dec), Semi-Annually (Jun, Dec), Annually (Once per year)

Withdrawal Date(s) - Select a date between 1-28. (If 29, 30, or 31 are chosen, 28 will be used.) Any withdrawals that occur over a weekend or non-business day will be processed the following business day. If Withdrawal Date is not provided, it will default to the 15th of designated frequency.

*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 3: REASON FOR WITHDRAWAL INSTRUCTIONS

- Traditional IRA, Roth IRA, SEP IRA, Beneficiary IRA, Premature Distribution, Premature Exempt Distribution, Normal Distribution, Death Distribution

Step 4: RMD INSTRUCTIONS

- Traditional IRA, SEP IRA, Beneficiary IRA (Must complete Step 5)

Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED ON PAGE 2)

Required minimum distributions (RMDs) had not started for the original/deceased account holder.

Please select one of the following options:

- Lump Sum, +5 years, Life

If you are the spouse of the original account owner, you may elect to have your life expectancy recalculated each year. Please select one:

- Recalculated each year, Not recalculated each year

The original account owner died after the IRA RMD beginning date and required minimum distributions (RMDs) had started.

Please select one of the following options:

- I wish to take distributions based on my life expectancy, I wish to continue taking distributions in the manner elected by the original account owner

Step 5: BENEFICIARY IRA RMD OPTIONS (CONTINUED FROM PAGE 1)

Required information for Beneficiary RMD Calculation:

Name of prior participant/account owner: _____

Date of death of prior participant/account owner: _____

Date of birth of prior participant/account owner: _____

Surviving spouse. If a surviving spouse, register my IRA:

- As a Beneficiary IRA
 In my name (not a Beneficiary IRA)

A non-spousal beneficiary (for non-spousal beneficiary, account will be registered as a Beneficiary IRA).

- I am the oldest beneficiary of this IRA.
 I am not the oldest beneficiary of this IRA.

Date of Birth of Oldest Beneficiary: _____

Step 6: PAYMENT METHOD

- Mail check to the address currently on file.
 Electronically transfer funds by ACH: Current Banking Instructions on file New bank instructions. *(Complete below section)*
New Bank Instructions Checking (Voided Check Required) Savings (Letter on Bank Letterhead Required)

Bank Name	Routing ABA Number (9-digits)	Bank Account Number
-----------	-------------------------------	---------------------

Bank Account Registration (Include all registration names)

- Only one bank account may be on file.
- Signature of bank account owner must be same as IRA holder.
- Temporary and Starter checks are not acceptable.
- If voided check is not available, a letter on bank letterhead signed by a branch manager outlining all above information.

Step 7: INCOME TAX WITHHOLDING (THIS SECTION MUST BE COMPLETED) (Form W-4P/OMB No. 1545-0415)

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 8: SIGNATURE REQUIRED

I hereby acknowledge that this agreement is between the IRA Owner named in Step 1 and the Custodian and that Product and its affiliates (i) shall have no obligations or liability under this agreement or for any transactions executed in connection herewith; (ii) shall have no responsibility, discretion or involvement in evaluating or selecting assets or investments; and (iii) shall not be deemed to be a "fiduciary" as defined in the Employee Retirement Income Security Act of 1974, as amended, and/or Section 4975 of the Internal Revenue Code of 1986, as amended, with respect to any assets or property of the IRA account.

IRA Owner Signature	Date
---------------------	------