

WITHDRAWAL/RMD REQUEST Sierra Income Corporation

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.

<u>Regular Mail</u>

<u>Overnight Delivery</u>

PO Box 219731 Mail Stop: Sierra Income Kansas City, MO 64121-9731 Corporation

888.292.3178

Corporation 430 West 7th Street

Kansas City, MO 64105-1407

	Social Security Number	Date of Birth		Account Number (if applicable)
Street Address	City	State	Zip	Phone Number
2: IRA BENEFICIARY INFORMA	ATION (Complete ONLY for a death w	ithdrawal)		
Name	Social Security Number	Date of Birth		Account Number (if applicable)
Street Address	City	State	Zip	Phone Number
3: WITHDRAWAL INSTRUCTIO	NS			
to availability. Please review their Option 1. Please indicate one If withdrawal is for \$10	e of the following options (Select pay 10,000 or greater, a Signature Guarantee	Corporation at 888- ment method in S	292-317 Step 5)	78.
☐ I wish to redeem my €	entire account. time, partial withdrawal of \$			
				distributed per my instructions in Step 5.
☐ I wish to have my RMI ** The interest rate and annual pero balance method is used to calcula	D for (year) calculate centage yield may change at any time. Intertet the interest on cash in the account. The ba	d by the custodian	and c	distributed per my instructions in Step 5. I credited on the last day of each calendar month. Th
□ I wish to have my RMI ** The interest rate and annual perce balance method is used to calcula • 4: REASON FOR WITHDRAWA Withdrawal from a TRADITIONAL or □ Premature Distribution (Acco □ Premature Exempt Distribution (Acco □ Death (If not already in a □ Return of Excess Contribution Acco □ Recharacterization: For we Recharacterization According to the property of the propert	D for (year) calculate centage yield may change at any time. Intertee the interest on cash in the account. The back. SEP IRA count holder must be under age 59 1/2 - IRS pution (Including Permanent Disability, SEPP, an unt holder age 59 1/2 or over; includes Requise Beneficiary IRA: Must provide a certified copytion: For what year was the contribution made? Amount \$ on Amount \$	d by the custodian est will be compound ank deposit is insured be compound ank deposit is insured be considered to the control of the account hold and account account the control of the account account account the account account account the account account account the account acc	a and colled and up to a simple rollove (t) qualitions) er's Dear** and (Proceeding the college) and the college (Proc	distributed per my instructions in Step 5. If credited on the last day of each calendar month. The pplicable FDIC limits. For occurs within 60 days) If if if it is in the calendar month in the pplicable FDIC limits. For occurs within 60 days) If it is in the calendar month in the pplicable FDIC limits. For occurs within 60 days) If it is in the principle of the principle is required.)
I wish to have my RMI *** The interest rate and annual perceptual devices and annual devices and a Read of the formature devices and annual devices annual devices and annual devices a	D for (year) calculate centage yield may change at any time. Intertet the interest on cash in the account. The back. SEP IRA Count holder must be under age 59 1/2 - IRS pution (Including Permanent Disability, SEPP, and unt holder age 59 1/2 or over; includes Requirements are certified copy tion: For what year was the contribution made? changes are contribution made? cure amount \$ conditions. For what year was the contribution made? cure amount \$ conditions. The contribution made? cure amount \$ conditions. The contribution conditions are step and in the contribution made? cure and in the contribution made?	d by the custodian est will be compound ank deposit is insured be compound ank deposit is insured be considered to the account hold and a count account the account for the ac	and colled and up to a simple relations of the collections of the coll	distributed per my instructions in Step 5. If credited on the last day of each calendar month. The pplicable FDIC limits. Per occurs within 60 days) If
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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.



SIEP 3. PATIVILINI IVILINOD	
 Mail check to the address currently on file. (Signature Guarantee requested Electronically transfer funds by ACH to my bank. (Voided check is recomposed to be positive cash into my Undirected Cash Account. (This is not a taxable transfer in Kind my shares to my non-qualified account; Existing Account Create New Account (Submit new subscription document if non-qualified non-qualified new subscription document if non-qualified new subscription document if non-qualified new Account (Must complete an IRA Application to create New Account (Must complete an IRA Application to create Nail check to a third party listed below. (This will be coded as a taxable to the payment method, the form must be signed and Signature Guaranteed. Please note that this form cannot be notarized. 	quired. Signature Guarantee required if adding bank within 30 days.) e distribution.) ount Number
	Signature Guarantee
Payee or Account Name Address	Account Number
Step 6: INCOME TAX WITHOLDING (THIS SECTION MUST BE COMPLETED*) (For	orm W 4D/OMP No. 1545 0415)
* Except for a distribution from a Roth IRA or for a return of excess con	
In compliance with the "Tax Equity and Fiscal Responsibility Act," First T Income Tax from all IRA distributions. You may exercise your right to ele you change it. You may change or revoke this election at any time at checking the appropriate box below. If no election is made, First Trust Income Taxes cannot be withheld from your distribution. Please not that withholding and/or estimated tax payments are not sufficient. Please no transfers to non-qualified accounts.	Trust Retirement, as custodian, is required to withhold Federal ect not to have funds withheld. This election will be in effect until nd as often as you wish. You may elect out of this withholding by Retirement is required to withhold 10% Federal Income Tax. State at penalties may be incurred under the estimated tax rules if your
☐ Withhold% from the amount withdrawn (mu	ust be at least 10%).
Step 7: SUBSTITUTE W-9:	
I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identificate correct and complete, (ii) that I am not subject to backup withholding estackup withholding as a result of a failure to report all interest or distribution am no longer subject to backup withholding, and (iii) I am a U.S. person.	either because I have not been notified that I am subject to tions, or the Internal Revenue Service has notified me that I
Step 8: SIGNATURE	
By signing below, I certify that the information I have provided is true my IRA as instructed above.	and correct, and I authorize the Custodian to distribute
IRA Owner's Signature (or other authorized person*) *If signing as Power of Attorney, valid POA documents must be included.	Date ded.