

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 DST Systems, Inc.

Regular Mail
PO Box 219731
Kansas City, MO 64121-9731
888-292-3178

Overnight Delivery
Mail Stop: TriLinc
430 West 7th Street
Kansas City, MO 64105-1407

Step 1: IRA OWNER INFORMATION

IRA Owner Name	Social Security Number	Date of Birth	Account Number (if Applicable)
Address	City / State / Zip	Email	Phone Number

Step 2: INCOME DISTRIBUTION INSTRUCTIONS*

Product:

- TriLinc Global Impact Fund*

**Income Distributions for TriLinc Global Impact Fund are processed in accordance with their respective Income Distributions Program and are subject to availability. Please review their prospectus for details or call TriLinc Global Impact Fund at 888-292-3178.*

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 REPORTING

Distribution from a: TRADITIONAL ROTH SEP IRA Beneficiary 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)
- IRA Trustee to Trustee Custodial Transfer (Non-Taxable). **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.**

*Documentary evidence is required for SEPP and Disability Distributions. Specific details outlining requirements can be located in the Guide at www.firsttrustretirement.com.

Step 4: PAYMENT INSTRUCTIONS

Taxable Options:

- Mail check to the address currently on file.
- Electronically deposit by ACH to my bank. (A voided check may be required by the product sponsor.)
- Mail check to a third party listed below.

Non-Taxable Options:

- Deposit 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.

Signature Guarantee

Payee or Account Name	Account Number
Address	
Accepting Custodian Sign off	



Step 5: 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. 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

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