

## SYSTEMATIC WITHDRAWAL REQUEST FORM

## **Nexpoint/Highland Capital Management**

## **Please Print or Type**

Step 1: NAME & ADDRESS

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

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

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

Regular Mail
PO Box 219630

Mail Stop: NexPoin

Kansas City, MO 64121-9630 844-485-9167 Mail Stop: NexPoint Advisors 430 West 7th Street Kansas City, MO 64105-1407

IRA Owner Name	Social Security Number		Account Number	
Address	City / State / Zip		Phone Number	
Step 2: SYSTEMATIC WITHDRAWAL INSTRUCTION			Thore Number	
Establish New Systematic Withdrawal	Modify Existing System	matic Withdrawal	Discontinue E Withdrawal	Existing Systematic
I direct First Trust Retirement, Custodian, to set up my S <b>Withdrawal Option</b>		Start Month	Frequency	Withdrawal Date(s)
☐ Undirected Cash*	\$Or  ☐ Custodian Calculate RMD		$\square Q  \square SA  \square A$	
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 15 <sup>th</sup> 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 INSTRUCTION				
☐ Traditional IRA ☐	Roth IRA	☐ SEP IRA		Beneficiary IRA
Premature Distribution (Account holder	must be under age 59 ½ - IRS penalty a	pplies unless rollover occ	urs 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 Ben	eficiary IRA; Must provide a certified co	opy of the account holder	's Death Certificate)	
Step 4: RMD INSTRUCTIONS				
☐ Traditional IRA ☐ SEP		Beneficiary IRA (Mu	ist complete Step 5)	
Step 5: BENEFICIARY IRA RMD OPTIONS (CONTIL	NUED ON PAGE 2)			
<ul> <li>Required minimum distributions (RM</li> </ul>	Ds) had not started for the origina	I/deceased account he	older.	
Please select one of the following options:				
Lump Sum (I wish to receive the distribution in a single lump-sum payment)				
+5 years (I wish to take distributions over a five-year period)				
Life (I wish to take distributions based on my life expectancy)				
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 m	ny life expectancy			
☐ I wish to continue taking distributions		nal account owner		



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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:
New Bank Instructions
Bank Name Routing ABA Number (9-digits) Bank Account Number
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