

## **INCOME DISTRIBUTION REQUEST FORM**

**NexPoint** 

## 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 219630 Mail Stop: NexPoint Advisors
Kansas City, MO 64121-9630 430 West 7th Street

855-387-3847 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	3.1,7 3.10.3,7 2.1				
☐ NexPoint Real Estate Strategies	* NexPoint Capital	*	☐ NexPoint Homes Trust, Inc *		
*Income distributions for NexPoint 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 NexPoint at 844-485-9167.					
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 Poin	vestment Plan (DPP) it must be indicated	d on the applicable Subscription	Agreement or product sponsor update form.		
Step 3: INCOME DISTRIBUTION INSTR		on the applicable Subscription	agreement or product sponsor update form.		
☐ Traditional IRA	☐ Roth IRA	☐ SEP IRA	☐ Beneficiary IRA		
Premature Distribution (Accoun	it holder must be under age 59 $\%$ - IRS pen	alty applies unless rollover occurs	s within 60 days)		
			exceptions. (Documentary evidence required)		
Normal Distribution (Account he	, , ,		,		
Death Distribution (If not already in a Beneficiary IRA; Must provide a certified copy of the account holder's Death Certificate)					
		• •	t the accepting custodian and complete their		
in thastee to mastee mansier	Nedallion Signature Guarantee stamp ma				
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 Undire	ected 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.					
David and Adams Alama					
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.



## INCOME DISTRIBUTION REQUEST FORM NexPoint

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.					