

IRA

CHARITABLE DISTRIBUTION REQUEST

The term IRA will be used to mean Traditional IRA and Roth IRA, unless otherwise specified.

PART 1. IRA OWNER

Name (First/MI/Last) _____
Social Security Number _____
Date of Birth _____ Phone _____
Email Address _____
Account Number _____ Suffix _____

PART 2. IRA TRUSTEE OR CUSTODIAN

To be completed by the IRA trustee or custodian

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____ Organization Number _____

ACCOUNT TYPE (Select one)

Traditional IRA Roth IRA

PART 3. CHARITABLE DISTRIBUTION REQUIREMENTS

To be a qualified charitable distribution, the following statements must be true.

- I will have attained age 70½ or older as of the date of this distribution.
 The distribution meets the deductibility requirements under Internal Revenue Code Section (IRC Sec.) 170 and I certify that I will not receive any additional benefit from the receiving organization in return for this charitable donation.
 This distribution consists entirely of pretax assets from the IRA.
 The amount of the charitable distribution from this IRA, when combined with all other qualified charitable distributions I will be taking in the current year, will be \$100,000 or less.
 The receiving organization is a church, educational organization, medical organization, private foundation, or other charitable organization listed under IRC Sec. 170(b)(1)(A).

PART 4. DISTRIBUTION INSTRUCTIONS

Distribution Amount _____ Distribution Date _____

ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Distributed	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT INSTRUCTIONS (The check will be made payable to the following charitable organization.)

Name of Charitable Organization _____
Address _____ City/State/Zip _____
Donor of Record (IRA Owner's name) _____
Address _____ City/State/Zip _____
Send the check to the IRA Owner Charitable Organization

PART 5. SIGNATURES

I certify that I am authorized to receive payments from this IRA and that all information provided by me is true and accurate. I understand and have met the requirements for making a qualified charitable distribution from my IRA. No tax advice has been given to me by the trustee or custodian. All decisions regarding this distribution are my own, and I expressly assume responsibility for any consequences that may arise from this distribution. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this distribution.

X _____
Signature of IRA Owner Date (mm/dd/yyyy)

X _____
Notary Public/Signature Guarantee (If required by the trustee or custodian) Date (mm/dd/yyyy)

X _____
Authorized Signature of Trustee or Custodian Date (mm/dd/yyyy)