

Traditional Individual Retirement Account (IRA) Charitable Distribution Request

PART 1. IRA OWNER

Name (First/MI/Last) _____
Social Security Number _____
Date of Birth _____ Phone _____
Email Address _____
Member Number _____ Share ID _____

PART 2. IRA CUSTODIAN

SchoolsFirst Federal Credit Union	
Attn: IRA Services	Overnight Address:
P.O. Box 11547	SchoolsFirst FCU
Santa Ana, CA 92711-1547	Attn: IRA Services
Phone: (800) 462-8328	1200 Edinger Ave.
Fax: (714) 258-4185	Tustin, CA 92780

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 less than or equal to the allowable limit (generally \$100,000, subject to possible cost-of-living adjustments, potentially reduced by deductible contributions made for a year in which I was age 70 ½ or older).
- ☐ 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 _____

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

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 I provide 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 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 custodian is not responsible for any consequences that may arise from processing this distribution.

X _____
Signature of IRA Owner

Date (mm/dd/yyyy)

Witnessed and accepted by SchoolsFirst FCU as agent for custodian by:

Name of SchoolsFirst FCU Representative

Representative's User ID