



# 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 \_\_\_\_\_

### ACCOUNT TYPE (Select one)

☐ Traditional IRA ☐ Roth IRA

## PART 2. IRA TRUSTEE OR CUSTODIAN

To be completed by the IRA trustee or custodian

Name \_\_\_\_\_ Church Development Fund  
Address Line 1 \_\_\_\_\_ 17701 Cowan Ste 100  
Address Line 2 \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_ Irvine CA 92614  
Phone \_\_\_\_\_ (888)540-7112 Organization Number \_\_\_\_\_

## 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 potentially reduced by deductible contributions made for a year in which I was age 70½ 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 \_\_\_\_\_

### 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)