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 _____

Name Middle _____

Name Last _____

Social Security Number _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____ Suffix _____

ACCOUNT TYPE *(Select one)*

☐ Traditional IRA ☐ Roth IRA

PART 2. IRA CUSTODIAN

To be completed by the IRA custodian

Name Argent Institutional Trust Company

Address Line 1 Operations Center

Address Line 2 5901 Peachtree Dunwoody Road, Suite C-495

City/State/ZIP Atlanta, GA 30328

Phone 800-241-5568

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 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).

If this is a qualified charitable distribution to a split-interest entity (i.e., charitable gift annuity, charitable remainder unitrust, or charitable remainder annuity trust), the following statements must also be true.

☐ I have not previously made a distribution to a split-interest entity.

☐ The distribution to the split-interest entity does not exceed $50,000 (subject to possible cost-of-living adjustments).

☐ No person holds an income interest in the split-interest entity other than the individual for whose benefit the account is maintained, the spouse of the individual, or both.

☐ The income interest in the split-interest entity is nonassignable.

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 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)*

X_____ _____

Notary Public/Signature Guarantee *(If required by the custodian)* — Date *(mm/dd/yyyy)*