

**Traditional Individual Retirement Account (IRA)  
Charitable Distribution Request**

**PART 1. IRA OWNER**

Name (First/M/Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Member Number \_\_\_\_\_ Share ID \_\_\_\_\_

**PART 2. IRA CUSTODIAN**

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

**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