Navy Federal®

Traditional/Roth Charitable Distribution Request

Clear

Please return this completed form through one of the following methods:
- **Digital Banking:** Attach signed form to eMessage
- **Fax Number:** (703) 206-4250 **Visit your local branch**
- **Mail:** PO Box 3001, Merrifield, VA 22119-3001

Access No.

A. Member Information

Name: First	MI	Last	Suffix

Current Home Address: Street	City	State	ZIP Code	Date of Birth *(MM/DD/YY)*

Type of IRA ☐ Traditional ☐ Roth	Home Phone No.	Social Security No. *(ITIN)*

B. Distribution Information *(Until I give the Trustee or Custodian written instructions to the contrary, I direct the Trustee or Custodian to distribute the amount requested as follows.)*

Start Date *(MM/DD/YY)*	**Distribution Amount**	**Frequency**	
	☐ Entire RMD Amount ☐ Specify Amount $ _____	☐ One-time ☐ Quarterly*	☐ Monthly ☐ Annually

*Distributions will be on 3/30, 6/30, 9/30, 12/28

IRA Account Number	Amount to Be Distributed	Distribute Immediately	Distribute at Maturity
	$	☐	☐
	$	☐	☐
	$	☐	☐
Gross Distribution Amount	**$**		

C. Special Payment Instruction *(Please make the check payable to the following charitable organization.)*

Name of Charity	Federal ID Number

Address: Street	City	State	ZIP Code	**Send check to the:** ☐ IRA Holder ☐ Charity

Additional Information:

D. Charitable Distribution Requirements *(To be a qualified charitable distribution, all questions must be answered YES.)*

1. Will you have attained age 70½ or older as of the date of this distribution? ☐ Yes ☐ No
2. Is this entire distribution fully deductible as a charitable distribution under Internal Revenue Code Section 170, and do you certify that you will receive no additional benefit from the receiving organization in return for this charitable donation? ☐ Yes ☐ No
3. Does this distribution consist entirely of pre-tax assets from the IRA? ☐ Yes ☐ No
4. Will the amount of the charitable distribution from this IRA, when combined with all other qualified charitable IRA distributions you may be taking in the current year, be $111,000 or less? ☐ Yes ☐ No
5. Is the receiving organization a church, educational organization, medical organization, private foundation, or other charitable organization listed under Internal Revenue Code Section 170(b)(1)(A)? ☐ Yes ☐ No

I certify that I am the proper party to direct payment(s) from this IRA and that all information provided by me is true and accurate. I have read and understand the distribution conditions on this form, and I have met the requirements for making a qualified charitable distribution from my IRA. It is my intent to make a qualified charitable distribution from my IRA in cash and/or property under Internal Revenue Code Section 408(d)(8). Due to the important tax consequences of this transaction, I have been advised to see a tax professional, and I certify that no tax advice has been given to me by the Trustee or Custodian. All information provided by me is true and correct, and may be relied on by the Trustee or Custodian. I assume full responsibility for this transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. I expressly assume the responsibility for any adverse tax consequences that may arise from this withdrawal, and I agree that the Trustee or Custodian shall in no way be held responsible.

Member Signature ▶	Date *(MM/DD/YY)*	Daytime Telephone No.

Employee No.	Authorized Navy Federal Signature ▶	Date *(MM/DD/YY)*

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