



CHARITABLE DISTRIBUTION REQUEST

The term IRA will be used to mean Traditional IRA and Roth IRA, unless otherwise specified.



AGFinancialSM

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 _____ AGCU, Custodian/AGFinancial, Trustee
 Address Line 1 _____ Attn: Investments
 Address Line 2 _____ 3900 S. Overland Ave.
 City/State/ZIP _____ Springfield, MO 65807
 Phone _____ 866.453.7143 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) _____