

Date: _____

Name of IRA Administrator: _____

Address: _____

City: _____ State: _____ Zip: _____

RE: Request for Charitable Distribution from Individual Retirement Account

Dear Custodian, Trustee or Plan Administrator:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account # _____ as provided by Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended.

Please issue a check in the amount of \$ _____ payable to:

Tallahassee Senior Citizens Foundation
1400 N Monroe Street
Tallahassee, FL 32303

Tallahassee Senior Citizens Foundation is a public charity 501(c)(3), tax ID number is **59-2040638**.

In your transmittal to the above named charitable organization, please include my name and address as the donor of record in connection with this distribution and copy me on the transmittal. It is my intention that this distribution qualify for exclusion from my taxable income during the _____ tax year.

1. I am over 70 ½ years of age. My date of birth is: _____.
2. I will not receive any benefits from the TMH Foundation as a result of this rollover. This rollover is not directed to a charitable remainder trust, lead trust, gift annuity, polled income fund or other non-qualified use, nor is it directed to a donor advised fund, supporting organization, family foundation, or purpose that is not qualified to receive a charitable IRA rollover.
3. I understand that a charitable IRA rollover is limited to no more than \$100,000.00 in total from my IRA or all of my IRAs combined per year.
4. I will not incur any federal income tax liability as a result of this rollover therefore I elect out of withholding for this rollover. I will not accept any personal distribution of funds intended for this charitable IRA rollover.
5. I understand this charitable IRA rollover can count toward my required minimum distribution(s) for the year of the gift. Thank you for your prompt attention to and assistance in this matter.

Sincerely,

Signature: _____

Account Holder Printed Name: _____

Account Holder Address: _____

City: _____ State: _____ Zip: _____

Account Holder Phone Number: _____

Account Holder Email: _____