# **IRA Charitable Distribution Form**

ACCOUNT INFORMATION (Form mus	st be completely filled out	to avoid delay in proc	essing)		
Full Name/Account Title:		Social Security Number	er:		
Street Address (no P.O. Box):					
City:		State:	Zip Code:		
Daytime Phone: Birthdate:		Email:			
Fund(s) Name for Withdrawl:		Account Number(s):			
I request distribution from my Retirem amounts distributed from my account required minimum distribution rules ar	shall be made in complian	nce with all Internal R			
DISTRIBUTION INFORMATION WITHDRAWAL AMOUNT		(Select One)	REASON FOR WITHE	<b>DRAWAL</b> (Sele	ect One)
Start Date: Gross Amount \$			Normal (over 59 1/2)		
Frequency: One-Time Monthly	Total Distribution	Early (Premature)			
Semi-Annually Annually	Required Minimum Distribution (Based on the uniform lifetime table in IRS regulations. Custodian will automatically distribute RMD until instructed to stop.)		Death Benefit  Required Minimum Distribution		
				_	
SPECIAL PAYMENT INSTRUCTIONS		Factorial ID November			
Name of Charity:		Federal ID Number:	CL I	7' 0 1	
Street Address (no P.O Box):		City:	State:	Zip Code:	
Send Check to: IRA Holder C	Charity (Medallion Signature C	Guarantee required)			
CHARITABLE DISTRIBUTION REQUIR	REMENTS (To be a qualified	d charitable distribution	on, all questions must	be answered	'YES')
1. Will you have reached the age of 70 1/2 or older as of the date of this distribution?				Yes	No
2. Does the Distribution meet the deductibility requirements under Internal Revenue Code Section 170 do you certify that you will receive no additional benefit from the receiving organization in return for charitable contribution?				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				Yes	No
charitable IRA distributions you may be taking in the current year, be \$100,000 or less?  5. Is the receiving organization a church, educational organization, medical organization, private foundation				' Yes	No
or other charitable organization under Internal Revenue Code Section 170(b)(1)(A)?					NO
FEDERAL INCOME TAX WITHHOLDII	<b>NG</b> (If no box is checked 10	% will be automatical	lly withheld)		
Do Not Withhold Federal Income	Tax \$	To Be Withheld			
10% Withholding		% To Be Withheld			
REQUIRED SIGNATURES					
I certify that all information in this Distribu a result of information I have provided. I u made. I have been advised to consult my to this form must be signed in the presence	inderstand that I am responsib ax advisor regarding any quest	ole for any tax conseque tions about this Distribut	ences which may result fr	om the electic	on I have
Owner Signature	Date				
Medallion Signature Guarantee Stamp					

#### P.O. Box 87 Denver, CO 80201-0087 Main (800) 955-9988 | Fax (303) 534-5627 info@sheltoncap.com

# **TYPE OF DISTRIBUTION**

### **Early**

(Premature - subject to penalty tax)

Before the age of 59 1/2. Account holder understands that they may be responsible for paying a 10% premature withdrawal penalty (25% from a SIMPLE IRA if within 2 years of initial SIMPLE participation) in addition to normal income tax for early withdrawal. Converted Roth: Distribution within 5 years from conversion date may be subject to 10% premature withdrawal penalty.

#### **Early**

(Premature - not subject to penalty tax before age 59 1/2)

- Where medical expenses are in excess of 7.5% of adjusted gross income.
- Used for health insurance premiums and you received unemployment compensation for at least 12 weeks.

#### Death\*

Please attach a copy of the Participant's death certificate. Other forms may be required. Please contact a customer service representative for more information.

# **Regular Distribution**

Account holder has reached age 59 1/2. Roth or Conversion Roth: Distributions within 5 years may be subject to 10% premature withdrawal penalty.

## **Required Minimum Distribution**

Account holder has reached age 70 1/2 and is required to begin receiving minimum distributions. Does not apply to Roth and Roth Conversion IRA's.

\* IRS may require additional documentation.