

IRA CHARITABLE DISTRIBUTION REQUEST

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

PART 1. IRA OWNER

Name (First/Mi/Last) _____

Social Security Number _____

Date of Birth _____

Account Number _____

ACCOUNT TYPE (Select one)

Traditional IRA Roth IRA

PART 2. IRA TRUSTEE OR CUSTODIAN

Robert W. Baird & Co. Inc. Trustee

777 E. Wisconsin Avenue

Milwaukee, WI 53202

800-792-2473

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.
- 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 \$100,000 or less.
- 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 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)