

Navy Federal®
Traditional/Roth Charitable Distribution Request

A. Member Information				
Name: First	MI	Last	Suffix	Access Number
Current Home Address: Street	City	State	Zip Code	Date of Birth (MM/DD/YY)
Type of IRA <input type="checkbox"/> Traditional <input type="checkbox"/> Roth	Home Phone No.		Social Security Number (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 <input type="checkbox"/> Entire Amount <input type="checkbox"/> Specify Amount \$ _____	Frequency <input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____		

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
Donor of Record (IRA Holder's Name)	
Address: Street	City State Zip Code

Send check to the IRA Holder charity.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this distribution consist entirely of pre-tax assets from the IRA?.....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \$100,000 or less?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Distribution Information			
IRA Account Number	Amount to be Distributed	Distribute Immediately	Distribute at Maturity
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>
Net Distribution Amount			

Tax Withholding If you are a permanent resident of Virginia (i.e., file a Virginia state income tax return), you may choose to withhold Virginia state tax. If you elect not to have withholding applied to your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

- No Withholding:** I do not want any state (VA) tax withheld from my IRA distribution.
- Virginia State Withholding** (Virginia residents only): Withhold 4% of my distribution for Virginia state income tax.

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)

