IRA CHARITABLE DISTRIBUTION

Weitz | INVESTMENT MANAGEMENT

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Use this form to take a charitable distribution from your IRA account. Please type or print clearly.

1. Account Information

Account Registration

Account Number

SSN ☐☐☐☐☐☐☐☐☐

Birth Date (MM-DD-YYYY) ☐☐-☐☐-☐☐☐☐

Daytime Telephone

Email Address

2. Charitable Distribution Requirements

To be a qualified charitable distribution, **ALL** of 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).

☐ Please check this box to confirm that all requirements listed above have been met.

3. Distribution Instructions

Checks will be made payable to the following charitable organization(s). Send the check(s) to the ☐ Account Owner ☐ Charitable Organization

Charitable Distribution 1

Fund Name / Number

$ Amount To Be Distributed

Name of Charitable Organization

☐☐☐☐☐☐☐☐☐ TIN (if available)

Address

City State ZIP

Charitable Distribution 2

Fund Name / Number

$ Amount To Be Distributed

Name of Charitable Organization

☐☐☐☐☐☐☐☐☐ TIN (if available)

Address

City State ZIP

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Charitable Distribution 3

Fund Name / Number

$

Amount To Be Distributed

Name of Charitable Organization

☐☐☐☐☐☐☐☐☐

TIN (if available)

Address

City State ZIP

Charitable Distribution 4

Fund Name / Number

$

Amount To Be Distributed

Name of Charitable Organization

☐☐☐☐☐☐☐☐☐

TIN (if available)

Address

City State ZIP

4. 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 taking 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.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. Note that this document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

X _____

Signature of Owner Date