

**1. IRA OWNER – Please print and use pen**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

IRA Account Number \_\_\_\_\_

**2. 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.
- 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).

**3. DISTRIBUTION INSTRUCTIONS**

**Account Number**

**Amount to be Distributed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT INSTRUCTIONS** *(The check will be made payable to the following charitable organization.)*

Name of Charitable Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Donor of Record *(IRA Owner's name)* \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Send the check to the  IRA Owner  Charitable Organization

## 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 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.

Signature of IRA Holder \_\_\_\_\_

Date \_\_\_\_\_

Mail to:

**WEITZ FUNDS ■ PO BOX 182785 ■ COLUMBUS, OH 43218-2785**  
**888-859-0698 ■ [www.weitzinvestments.com](http://www.weitzinvestments.com)**