

Qualified Charitable Distribution Request



Account Number: _____

Qualified charitable distributions (QCDs). Generally, a QCD is a nontaxable distribution made directly by the trustee of your IRA to an organization eligible to receive tax-deductible contributions. Please refer to the following IRS website <https://www.irs.gov/newsroom/seniors-can-reduce-their-tax-burden-by-donating-to-charity-through-their-ira> to confirm this distribution meets all the requirements of the IRS Code for a qualified charitable distribution. QCDs may not be made from an ongoing SEP IRA or SIMPLE IRA. QCDs are not permitted from SEP IRA or SIMPLE IRA plans that are currently receiving employer contributions.

SECTION 1 - Account Owner Information

First Name

Middle initial

Last Name

Date of Birth

Last Four Digits of Social Security Number

SECTION 2 - Account Type

Select One:

☐

Traditional IRA

☐

SIMPLE IRA

☐

SEP IRA

☐

SAR SEP IRA

SECTION 3 - Distribution Requests

Provide the disbursement information for each QCD requested from your IRA account.

IMPORTANT INFORMATION:

- Allow 10 business days for check delivery. Please follow up with the charity directly for a receipt of your donation.
- Funds sent by check or overnight check may be subject to a fee, which would be deducted from your account balance. Your Investment Advisor can provide you with fee information regarding these transactions.
- If a distribution fails to qualify as a QCD for any reason, it will be taxable and it is your responsibility to pay all taxes, interest and penalties that may be imposed by the relevant governmental authority. In most situations, Axos Advisor Services is required to issue a Form 1099-R for distributions from your IRA. Depending on the nature of the distribution, the distribution may or may not be taxable. For additional information, consult your tax advisor or the IRS.

A. First Qualified Charitable Distribution

Amount of distribution \$ _____ ☐ Check this box for overnight delivery (not available for a P.O. Box address)

Payable To / Qualified Charity Name

For Benefit Of (FBO)

Attention

Mailing Address

City

State

Zip Code

☐ Mail the QCD check to the account owner's address of record for delivery to the qualified charity.

☐ Please include the following memo on the check. Include your name, if applicable. (40-character limit): _____

B. Second Qualified Charitable Distribution

Amount of distribution \$ _____ ☐ Check this box for overnight delivery (not available for a P.O. Box address)

Payable To / Qualified Charity Name

For Benefit Of (FBO)

Attention

Mailing Address

City

State

Zip Code

☐ Mail the QCD check to the account owner's address of record for delivery to the qualified charity.

☐ Please include the following memo on the check. Include your name, if applicable. (40-character limit): _____

SECTION 3 - Distribution Requests Continued**C. Third Qualified Charitable Distribution**Amount of distribution \$ _____ ☐ Check this box for overnight delivery (not available for a P.O. Box address)

Payable To / Qualified Charity Name _____

For Benefit Of (FBO) _____

Attention _____

Mailing Address _____

City _____

State _____

Zip Code _____

☐ Mail the QCD check to the account owner's address of record for delivery to the qualified charity.☐ Please include the following memo on the check. Include your name, if applicable. (40-character limit): _____**D. Fourth Qualified Charitable Distribution**Amount of distribution \$ _____ ☐ Check this box for overnight delivery (not available for a P.O. Box address)

Payable To / Qualified Charity Name _____

For Benefit Of (FBO) _____

Attention _____

Mailing Address _____

City _____

State _____

Zip Code _____

☐ Mail the QCD check to the account owner's address of record for delivery to the qualified charity.☐ Please include the following memo on the check. Include your name, if applicable. (40-character limit): _____**SECTION 4 - Signature**

By signing this form, you certify that you are the proper party to receive or direct payment(s) from this IRA and that all information provided is true and accurate. You further certify that no tax advice has been given by Axos Advisor Services. All decisions regarding this withdrawal are your own. You expressly assume responsibility of any adverse consequences which may arise from the withdrawal, including any taxes, interest and penalties that may be imposed by the relevant government authority as a result of the withdrawal, and you agree that Axos Advisor Services shall in no way be held responsible. You maintain all responsibility in monitoring these distributions to ensure that funds are available to be transferred and are received as requested.

You agree to indemnify and hold harmless Axos Advisor Services, its successors and assigns, its affiliates, and its and their directors, officers, employees, and agents (each an "Indemnified Party") from and against any losses, claims, liabilities, damages, actions, charges, costs, and expenses including attorneys' fees, and to pay any Indemnified Party's defense costs and expenses resulting from, in connection with, or incident to, your instructions, authorizations, representations, selections, or other statements or information provided in this request.

By signing below, I certify that this distribution meets all the requirements of the IRS Code for a qualified charitable distribution.

Account Owner or Authorized Party Signature _____

Print Name _____

Date _____

END OF FORM