Navy Federal® Traditional/Roth Charitable Distribution Request

▶ Fax Number: (703) 206-4250 ▶ Toll-Free Number: (888) 842-6328
▶ Mail: P.O. Box 3001, Merrifield, VA 22119-3001
Access No.

A. Member Information										
Name: First	MI			Last					Suffix	
reality. That				Lust			Sullix			
Current Home Address: Street	City	City State			Zip Co	Code Date of Birth (MM/DD/YY)				
Type of IRA			Home Pho	ne No.		Socia	al Security No	. (ITIN)		
☐ Traditional ☐ Roth							•			
				ļ.						
B. Distribution Informat distribute the amount req			odian written ins	tructions	to the con	trary, I o	lirect the	Trustee or	^r Custo	dian to
Start Date (MM/DD/YY)	ount				Frequenc	ency One-time Monthly				
	Specify Amount \$				Quarterly Annual				nually	
IRA Account Number		Amount to Be Distributed			Distribute Immediately			Distribute at Maturity		
		\$								
		\$			П					
		\$			П					
		Ψ								
Gross Distrib	oution Amount	\$								
C. Special Payment Inst	ruction (Please	e make the check pa	avable to the follo	wing cha	ritable ord	nanizatio	n.)			
Name of Charity	o mano ano omo m		mig one			ederal ID I	Number			
Address: Street		City State			Zip Code Send ched			k to the:		
						☐ IRA I	Holder [Chari	ity	
D. Obrasitadala Distailantia	- D	-1- (T) UC						11/501		
D. Charitable Distributio										
Will you have attained age 7 Is this entire distribution fully								l	_ Yes	☐ No
certify that you will receive r							•	[☐ Yes	□No
3. Does this distribution consist entirely of pre-tax assets from the IRA?										□No
4. Will the amount of the charitable distribution from this IRA, when combined with all other qualified charitable IRA										
distributions you may be tak								[☐ Yes	☐ 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)?								ſ	□ Voo	□No
Charitable organization listed	under internal ne	evenue Code Section	170(b)(1)(A)?						res	
I certify that I am the proper punderstand the distribution cois my intent to make a qualifie the important tax consequence me by the Trustee or Custodia responsibility for this transaction the responsibility for any adverse held responsible.	onditions on this d charitable distress of this transaction. All information and will not he	form, and I have me ribution from my IRA ction, I have been ad n provided by me is to old the Trustee or Cu	et the requiremen in cash and/or p vised to see a tax true and correct, stodian liable for	ts for make roperty ur professice and may be any adver	king a quander Interronal, and I oe relied or see consections.	lified chan al Rever certify the public than the public than the certify the public than the p	aritable on nue Cod nat no ta Trustee that may	distribution e Section 4 x advice ha or Custodia result. I ex	from m 08(d)(8) as been an. I ass pressly	y IRA. It). Due to given to sume full assume
Member Signature				Date (MA	//DD/YY)		Daytime Tel	lephone I	No.	
Employee No. Autho	rized Navy Federal S	Signature						Date (MM/E	D/YY)	
 										

