

The term IRA will be used below to mean Traditional IRA and Roth IRA, unless otherwise specified.

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8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

## Section 1 IRA Owner Information

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number	Account Number	Account Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA

## Section 2 Processing Options

If you would like expedited processing, please select one of the options below. If no option is selected, "Normal Processing" will apply. Processing fees will be paid from the cash available in your account unless you indicate otherwise. See current Fee Schedule for applicable fees.

For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10 a.m. PST.

- Normal Processing**  
Processed within three business days.
- Next-Day Service**  
Processed by 4 p.m. PST next business day.
- Same-Day Service**  
Processed within the same day.
- I elect to pay the fees related to this transaction with the credit card I have on file. (If you do **NOT** have a credit card on file, add a credit card to your online profile. If no credit card is on file, fees will be paid from the cash in your account.)

## Section 3 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).

## Section 4 Distribution Amount

Distribute the requested amount as follows, provided there are no past-due fees on my account. See current Fee Schedule for applicable fees.

- Option A: Total Distribution of Entire Account and Close Account**  
Termination and re-registration fees may apply.
- Option B: Partial Distribution**  
All accounts are required to maintain a minimum cash balance of \$500. If your request would drop your cash balance below this amount, your request may not be processed.
- Cash (Gross amount) \$
- Re-register the following asset

## Section 5

## Payment Instructions

See the current Fee Schedule for applicable fees.

Make the check payable to the following charitable organization

Charitable Organization's Name

Payee Tax ID Number

Address

City

State

Zip

Donor of Record (IRA Owner's Name)

Address

City

State

Zip

Send the check to the  IRA Owner  Charitable Organization

Check Delivery Options:  Regular Mail  Expedited Delivery  I Will Pick Up

## Section 7

## IRA Owner Agreement and Authorization

**Important: Please read before signing.**

I certify that I am authorized to take distributions from this IRA and that all information provided by me is true and accurate. No tax advice has been given to me by the 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 custodian is not responsible for any consequences that may arise from processing this distribution request.

**X**

IRA Owner Signature

IRA Owner Name (Please type or print)

Date (mm/dd/yyyy)



**Congratulations! You are now able to submit your completed request.**

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

**Mail to:** Provident Trust Group  
8880 W. Sunset Rd., Suite 250  
Las Vegas, NV 89148

**Email to:** [distributions@trustprovident.com](mailto:distributions@trustprovident.com)

**Fax to:** (702) 253-7565