



THE 2021 DEADLINE FOR QUALIFIED CHARITABLE DISTRIBUTIONS IS OCTOBER 29, 2021

Complete this *Application for Qualified Charitable Distribution* if you are a Traditional or Roth IRA owner, you are at least age 70½, and you want to make a qualified charitable distribution (QCD) to a qualified charitable organization. A QCD must satisfy the following rules:

- The qualified charitable organization must be an organization exempt from tax under Code Section 501(c)(3) that is eligible to receive tax-deductible contributions.
- The entire distribution must be allowed as a charitable contribution deduction, and you must receive the same type of acknowledgement you would need to claim a deduction for a charitable contribution.
- The distribution must otherwise be includible in gross income (*e.g.* for an IRA, it must consist of deductible contributions and for a Roth IRA, it must be the earnings on a non-qualified distribution), provided that this requirement will be treated as met to the extent that the distribution does not exceed the aggregate amount which would have been included in gross income if all amounts in all of your IRAs were distributed during the year and all such IRAs were treated as a single IRA. If your IRA includes both taxable and non-taxable amounts, the distribution is first considered to be paid out of otherwise taxable income.
- The maximum QCD that you can make is \$100,000.

Generally, a QCD will not be included in your gross income, and you cannot claim a charitable contribution deduction for the distribution. However, the tax exclusion is reduced by an amount equal to (i) all deductible IRA contributions that you make for all tax years ending on or after the date you attain age 70½ minus (ii) all reductions to the tax exclusion for QCDs due to post-70½ deductible IRA contributions for all tax years preceding the current tax. A QCD will count toward satisfying your required minimum distribution, if applicable.

- PLEASE TYPE OR PRINT CLEARLY -

I. IRA OWNER INFORMATION

IRA Owner Name _____ Account No. _____
(first) (middle) (last/family name)

Check here if there has been a change to your contact information on file.

Home Address _____ Member Ref. No. _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ E-Mail Address _____

Social Security No./ITIN ____ - ____ - ____ Date of Birth ____/____/____

II. AMOUNT OF DISTRIBUTION

I elect for an amount of my IRA equal to the following to be distributed directly by Pension Fund to the qualified charitable organization identified below in a single lump sum (*check and complete one only*):

- \$ _____ of my IRA
- 100% of my required minimum distribution (RMD)

I elect to send payment pursuant to the following distribution schedule (*check and complete one only*):

- Single annual payment on (*check one only*): March 1st June 1st September 1st December 1st
- Semi-annual payments on (*check two only*): March 1st June 1st September 1st December 1st
- Quarterly payments on March 1st, June 1st, September 1st, and December 1st

*Pension Fund will process QCDs on the dates listed above or as soon as administratively practicable thereafter. **If you do not make a selection, payment will be made during the month of October.***

This distribution will be made by check payable to the following qualified charitable organization and mailed to the following address:

Payee _____ Tax ID No. _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Contact Name _____

Phone Number (_____) _____ E-Mail Address _____

NOTE: Any portion of your requested distribution that is not otherwise taxable to you is not a qualified charitable distribution. If you itemize taxes, you may deduct such portion of the distribution as a charitable contribution on your tax return. The amount of your requested distribution that exceeds \$100,000 is not a qualified charitable distribution and will be taxable to you.

III. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I understand that Pension Fund will process my distribution request only if I am an IRA owner presently entitled to receive a distribution.
- I understand that if I want this distribution to count toward my required minimum distribution (RMD) for the year, ***Pension Fund must receive this Application by no later than October 29.*** I acknowledge that if Pension Fund has not received my Application by this date, Pension Fund may distribute to me any additional amount needed to satisfy the required minimum distribution (RMD) rules for the year.
- I certify that the qualified charitable organization is an organization exempt from tax under Code Section 501(c)(3) that is eligible to receive tax-deductible contributions.
- I certify that the information provided on this Application is accurate. I agree that I will timely notify Pension Fund of any changes to the information provided on this Application.
- I understand that the personal information provided on this Application will be used by Pension Fund to process my request and to provide services to me under the DCRA.
- I understand that I must submit a new *Application for Qualified Charitable Distribution* each year if I want to contribute my RMD for that year to a qualified charitable organization.

Applicant Signature _____ **Date** ____/____/____

Pension Fund of the Christian Church

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