

**IMPORTANT:**

- ♦ You must complete all sections below and authorize the disbursement of your Distribution.
- ♦ Submit this form for expedited processing via the Secure Message Center. You may also deliver the form by mail to Interactive Brokers, Attn: Retirement Accounts, 209 South LaSalle Street, Chicago, IL 60604 or via fax to 312-984-1032, Attn: Retirement Accounts.

## IRA Charitable Distribution

This form authorizes the delivery of a cash distribution to a third-party charitable organization.

**1. IRA ACCOUNT INFORMATION** *(Enter your IB account information.)*

IB Account Number: \_\_\_\_\_ Account Title: \_\_\_\_\_

**2. QUALIFIED CHARITY INFORMATION** *(Contact charity for delivery instructions.)***Delivery instructions to donate cash.**

Legal Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Tax ID #: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**3. DISTRIBUTION INSTRUCTIONS** *(Please specify the amount for distribution.)*

**Cash** Enter the USD cash amount for check delivery.

\$

**Transfer Specified Cash Balance.** The cash amount will be distributed to the qualified charity. Interactive Brokers will not liquidate assets for the withdrawal.

**4. DISTRIBUTION REQUIREMENTS** *(To be a qualified charitable distribution, all of your answers must be YES.)*

☐ YES ☐ NO Have you attained age 70 ½ or older?

☐ YES ☐ NO Will the amount of the charitable distribution from this IRA be \$100,000 or less in this current year, when combined with all other qualified IRA charitable distributions?

☐ YES ☐ NO Is the receiving charitable organization eligible to receive tax deductible contributions?

**5. SIGNATURE** *(Your signature is required to authorize this request.)*

Please accept this request to make a charitable distribution from my Individual Retirement Account. I acknowledge that upon approval of the request, the asset(s) will be distributed to the charity. I certify that I am legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand that Interactive Brokers LLC (IB LLC) and/or Equity Trust Company ("the trustee") may require the completion of additional documents before processing any distributions. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I acknowledge that IB and "the trustee" cannot provide me with legal advice, and I agree to consult with a tax or legal professional for guidance. Furthermore, I agree to indemnify and hold IB, "the trustee", their affiliates, and their respective directors, officers, and employees harmless from any resulting liabilities.

Print IRA Owner Name:

IRA Owner Signature:

Date:

**This Section to Be Completed By Interactive Brokers LLC**

This is to confirm that Interactive Brokers LLC ("IB LLC"), on behalf of Equity Trust Company, as Trustee for IB customer Individual Retirement Accounts, hereby acknowledges that the receiving charity has been verified as a 501(c)(3) organization and the IRA owner is over age 70 1/2.

Authorized Signature

Date Signed