NSS Life®
® Family Matters...

IRA QUALIFIED CHARITABLE DISTRIBUTION

IRA QUALIFIED CHARITABLE DISTRIBUTION INFORMATION

Guidelines for requesting a Qualified Charitable Distribution (QCD) from your IRA:

- **Eligibility**: IRA account owner must have attained age 70 ½ or older at time of IRA distribution in order to take advantage of this provision. This rule applies only to Traditional and Roth IRAs. Distributions of non-deductible IRA contributions also do not qualify.
- **Annual Limit**: Maximum amount of QCDs must not exceed $100,000 per taxpayer per tax year and may include Required Minimum Distributions (RMDs).
- **Qualifications**: Qualified charitable organizations generally include churches, educational institutions, medical organizations, or other charitable organizations listed under Internal Revenue Code Section 170(b)(1)(A). Private foundations and donor-advised funds are not eligible. See IRS Publication 526, Charitable Contributions, for more information on qualified charitable organizations.
- **Direct Contribution**: QCDs must be made payable and transferred directly from NSS Life to a qualifying charity. Distributions made payable to the IRA owner and transferred to the charity will not qualify.
- **Tax Reporting:** The reporting of this distribution will not differ from any other distributions you have taken or may take from your IRA. The IRA account owner will be responsible to properly report the charitable contribution on their taxes and may want to consult with their accountant or qualified tax advisor.

ATTENTION: All requests for QCDs **MUST** be received in our office **NO LATER THAN DECEMBER 1ST** in order to ensure that the funds are distributed and transferred to the qualifying charity in the current tax year.

IMPORTANT: It is not the role of NSS Life to provide members with either financial or tax advice. Please consult your accountant or qualified tax advisor for all matters concerning any financial or tax consequences and to help file your tax return correctly.

IRA QUALIFIED CHARITABLE DISTRIBUTION REQUEST

IRA Account Owner

Certificate #:_____

Name:_____ Social Security #:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____ Email Address:_____

Payment Instructions

Name of Charity:_____ Federal ID #:_____

Attention:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____ Email Address:_____

Distribution Instructions

Distribution Amount: (No amount can exceed the $100,000 allowable limit)

☐ Process a distribution of my calculated RMD amount for the year of $_____

☐ Process a partial distribution of $_____

☐ Process a full withdrawal

- ☐ My policy contract is included with this form
- ☐ My policy contact has been lost or destroyed

Signature & Authorization

IMPORTANT: READ BEFORE SIGNING!

I certify that:

- I am the owner of this IRA and all information provided by me is true, correct and accurate.
- I have read and understand the distribution conditions as provided on the IRA Qualified Charitable Distribution Information sheet.
- I have met the requirements for making a qualified charitable distribution from my IRA.
- It is my intent to make a Qualified Charitable Distribution from my IRA under Internal Revenue Code Section 408(d)(8).
- I assume full responsibility for this transaction and expressly assume the responsibility for any adverse tax consequences which may arise for this withdrawal and I agree that NSS Life shall in no way be held responsible or liable for any adverse tax, legal, or other consequences that may result.
- By signing below, I hereby authorize NSS Life, as Custodian, to direct and distribute funds from my IRA as directed above.

Signature:_____ Date:_____

PLEASE BE SURE TO COMPLETE AND SIGN THE ATTACHED LETTER ON THE NEXT PAGE AND INCLUDE IT WITH THIS FORM. WE WILL MAIL IT TO YOUR QUALIFIED CHARITABLE ORGANIZATION WITH YOUR DISTRIBUTION CHECK.

WE REQUIRE ORIGINAL SIGNATURES ON ALL FORMS. WE WILL NOT ACCEPT FAXES.

Name of Charity:_____

Attention:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____ Email Address:_____

Dear Sir/Madam,

It is with great pleasure that I would like to inform you that I have requested a Qualified Charitable Distribution from my Individual Retirement Account (IRA), payable to your organization, in the amount of $ _____ from my IRA Custodian, NSS Life.

It is my intent to comply with the requirements of Section 1201 of the Pension Protection Act of 2006 and Section 408(d)(8) of the Internal Revenue Code of 1986, as amended, in connection with this gift.

Enclosed, please find the Qualified Charitable Distribution from my IRA. Accordingly, upon your receipt of this payment from my IRA Custodian, NSS Life, please send me a written acknowledgement that states the amount of my gift, that no goods or services were transferred to me by your organization in consideration for this gift, and that my gift will not be placed in a donor advised fund or supporting organization.

My address is as follows:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____ Email Address:_____

The purpose of this gift is _____

If you have any questions, or need to contact me, please do not hesitate to call me.

Sincerely,

_____

Signature