



For the charitable distribution of cash/assets from your Madison Trust IRA

Important: You must be age 70 ½ or older on the date of distribution.

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, One Paragon Drive, Suite 275, Montvale, NJ 07645 • **Fax:** (845) 947-1212 • **Secure Upload:** www.madisontrust.com/uploads

A. ACCOUNTHOLDER INFORMATION

Full name

Date of birth

MTC account number

Date

B. QUALIFIED CHARITY INFORMATION

Qualified charity name

C. AMOUNT AND FREQUENCY OF DISTRIBUTION

Check all that apply:

Distribute the following EXACT amount: \$ _____

Please ensure that you have sufficient cash in your account to cover the distribution and fees due.

Frequency: One time only Monthly Quarterly Annually Start my distributions on (mm/dd/yy): _____

Distribute the following assets in-kind:

These assets will be re-registered to the Qualified Charity listed in section B of this form. If an asset cannot be re-registered, we will send an Assignment of Interest. A Form 1099-R will be issued for the value of the asset(s) at the time of distribution.

Asset Name: _____ Number of shares/units: _____

Asset Name: _____ Number of shares/units: _____

Distribute ALL cash and assets

Note: Your account will be closed after this distribution is made.

A \$100 account termination fee will apply. All assets will be liquidated, if applicable; liquidation fees will apply. If assets cannot be liquidated, they will be re-registered and/or assigned to you; re-registration and/or assignment fees may apply.

D. EXPEDITED SERVICE

Our standard processing time for all forms and requests is 4 business days. Our expedited service is next business day. Select this service if you have special time constraints.

Expedited Service (\$50 fee applies)

****Please note that any forms received after 1PM EST will be considered received on the following business day (applies to both standard and expedited processing).****

E. DELIVERY INSTRUCTIONS

I authorize Madison Trust to withdraw the specified funds from my custodial cash account and send the total amount via check to my current address of record (\$30 disbursement fee applies).

Send via (select one): Regular delivery (default) Overnight delivery (\$30 disbursement fee + \$50 overnight mail fee)



F. ACKNOWLEDGMENTS

As set forth in my Madison Trust Custodial Agreement, I hereby elect the foregoing distribution. I understand that Madison Trust will not be liable for any failure of my elected distribution to meet any required minimum distribution requirements under applicable tax laws and that the amount of the distribution is exclusively mine to make.

I understand that the maximum value of cash and other assets that I may make as qualified charitable contributions from all of my IRAs combined for any calendar year is \$100,000. I understand and agree that it is solely my responsibility, and not that of Madison Trust, to determine (1) whether the charity listed in B. above is an organization to which a qualified charitable distribution may be made under Internal Revenue Code section 408(d)(8) and (2) the values of any assets being distributed in kind per my instructions in C. above.

Accountholder signature

Date

IMPORTANT: You must have sufficient funds in your custodial cash account to cover the distribution amount you indicate above, plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your distribution. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available or your request is revised.