



IRA QUALIFIED CHARITABLE DISTRIBUTION REQUEST FORM

To request a charitable distribution from your IRA account, carefully complete this form, sign it, and have your signature guaranteed, if required. For assistance call us at **(800) 877-6089**. **Regular Mail: Madison Funds, P.O. Box 219083, Kansas City, MO 64121-9083. Express Mail: Madison Funds, 430 W 7TH Street STE 219083, Kansas City, MO 64105-1407.**

GENERAL INFORMATION REGARDING QUALIFIED CHARITABLE DISTRIBUTIONS

- Please be advised that you must be age 70½ or older on the date of the distribution in order for the distribution from your IRA to be a qualified charitable distribution (“QCD”). We do not check your birth date with the date of distribution.
- The maximum annual amount that can qualify as a QCD per individual is \$100,000 (in 2023). Starting in 2024, the QCD amount will be indexed for inflation. If you file taxes jointly, your spouse can also make a QCD from his or her own IRA within the same tax year for up to their individual QCD amount. See *IRS.gov/Pub590B* for additional information.
- The charity to which funds are transferred from your IRA must be eligible to receive tax-deductible contributions. Certain charities do not qualify, it is your responsibility to determine whether a charity is a qualified charity.
- Checks will be made payable to the qualified charity. It is your responsibility to obtain a receipt of your donation from the charity,
- You are responsible for ensuring that the requested IRA distribution complies with IRS rules. Please consult with your tax advisor regarding all potentially applicable IRS rules based on your circumstances and discuss any state specific considerations.
- Form 1099-R will be issued to you and the IRS for this distribution from your IRA.
- If you are at least of RMD Age, QCDs can count towards your RMD for the year.
- When returning this form, please allow adequate time for processing. For a distribution to be made by or before December 31, this form must be received by December 20.
- In some circumstances, a medallion signature guarantee will be required to complete this transaction.

1. CURRENT ACCOUNT INFORMATION (PLEASE PRINT)

Name (as it appears on account)

Account Number

Daytime Telephone Number

2. CHARITABLE DISTRIBUTION (SELECT ONE)

A. Charitable Gift Amount. Please indicate the Charitable Gift Amount (up to the QCD maximum): \$_____

B. Distribution Source. I request the specific dollar amount of the Charitable Gift Amount to be distributed out of the funds in my account as indicated below:

<u>Fund name and number</u>	<u>Dollar Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

C. Charitable Organization(s) Information.

Charitable Organization (1):

Amount from 2.A.: _____% of the distribution proceeds **OR** specific dollar amount of \$_____

Name of Charity

Please choose one:

Mail check payable to the charity, to my address currently on file. I will forward the check to the charity.
No Signature Guarantee Required.

Mail the check directly to the charity. Fill in the charity address below. **A Medallion Signature Guarantee is Required.**

Attention _____

Address _____

City _____ State _____ ZIP _____

Charitable Organization (2):

Amount from 2.A.: _____% of the distribution proceeds **OR** specific dollar amount of \$_____

Name of Charity

Please choose one:

Mail check payable to the charity, to my address currently on file. I will forward the check to the charity.
No Signature Guarantee Required.

Mail the check directly to the charity. Fill in the charity address below. **A Medallion Signature Guarantee is Required.**

Attention _____

Address _____

City _____ State _____ ZIP _____

NOTE: If you have additional charity entries, please attach a letter of instruction to this form.

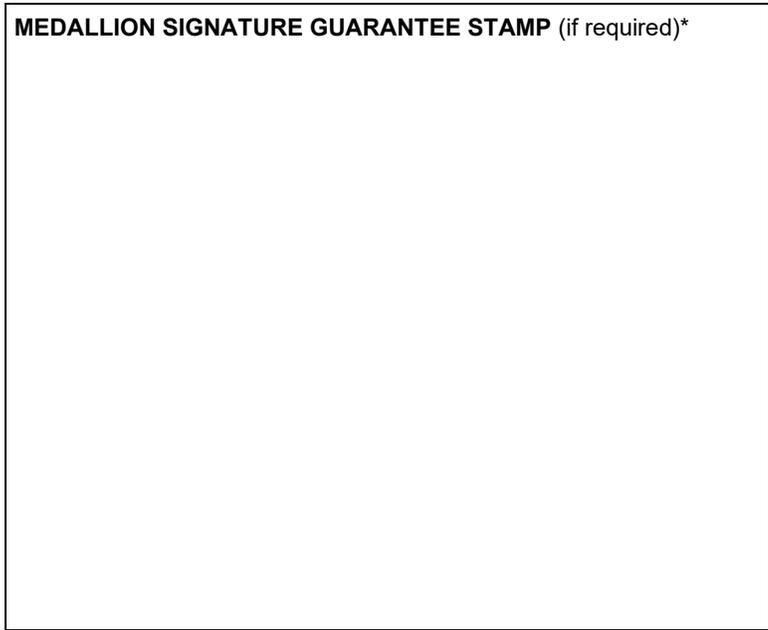
3. CERTIFICATION AND SIGNATURE/SIGNATURE GUARANTEE

I certify that I am authorized and request that UMB Bank, n.a. as custodian of my IRA, make the above distribution(s) from the account. I understand that I am responsible for determining that the minimum distribution requirement, if applicable, is met each year for my traditional IRA and that failure to meet this requirement may result in tax penalties. I represent that this withdrawal request satisfies the requirements under the Internal Revenue Code Section 408(d)(8) and understand that no tax withholding will be applied. I agree to indemnify and hold Madison Funds, SS&C GIDS, Inc., UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents harmless in this regard for elections I have made, and for any actions taken as a result of the information and instructions I have provided on this form.

Signature of IRA Owner

Date

MEDALLION SIGNATURE GUARANTEE STAMP (if required)*



***Refer to section 2.C. for Medallion Signature Guarantee requirements.**

Note: A medallion signature guarantee may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association. Signature guarantees from financial institutions which do not participate in a Medallion program will not be accepted. A notary public cannot provide signature guarantees.