SCHOOLSFIRST FEDERAL CREDIT UNION

Individual Retirement Account (IRA)
Qualified Charitable Distribution Request

The term IRA will be used to mean Traditional IRA, Roth IRA, Inherited Traditional IRA, and Inherited Roth IRA, unless otherwise specified.

PART 1. IRA OWNER

Name *(First/MI/Last)* _____

Social Security Number _____

Date of Birth _____ Phone _____

Email Address _____

Member Number _____ Share ID _____

ACCOUNT TYPE *(Select one)*

☐ Traditional IRA ☐ Roth IRA

☐ Inherited Traditional IRA ☐ Inherited Roth IRA

PART 2. IRA CUSTODIAN

SchoolsFirst Federal Credit Union
Attn: IRA Services
P.O. Box 11547
Santa Ana, CA 92711-1547
Phone: (800) 462-8328
Fax: (714) 258-4185

Overnight Address:
SchoolsFirst FCU
Attn: IRA Services
1200 Edinger Ave.
Tustin, CA 92780

PART 3. QUALIFIED CHARITABLE DISTRIBUTION (QCD) REQUIREMENTS

To be a QCD, the following statements must be true.

☐ I will have attained age 70½ or older as of the date of this distribution.

☐ The distribution meets the deductibility requirements under Internal Revenue Code Section (IRC Sec.) 170, and I certify that I will not receive any additional benefit from the receiving organization in return for this charitable donation.

☐ This distribution consists entirely of pretax assets from the IRA.

☐ The amount of the QCD from this IRA, when combined with all other QCDs I will be taking in the current year, will be less than or equal to the allowable limit of $111,000 for 2026 (subject to possible cost-of-living adjustments, potentially reduced by deductible contributions made for a year in which I was age 70 ½ or older).

☐ The receiving organization is a church, educational organization, medical organization, private foundation, or other charitable organization listed under IRC Sec. 170(b)(1)(A).

NOTE: *QCDs taken by IRA owners are reported on IRS Form 1099-R using code Y with code 7. QCDs taken by beneficiaries are reported on Form 1099-R using code Y with code 4. QCDs of IRA assets not having a readily available fair market value will be reported on Form 1099-R using code Y with code K. You are responsible for reporting this QCD on your tax return. If you have any questions regarding this QCD, please consult a competent tax professional.*

PART 4. DISTRIBUTION INSTRUCTIONS

Distribution Amount $ _____ Distribution Date _____

PAYMENT INSTRUCTIONS (*The check will be made payable to the charitable organization listed below.)*

Name of Charitable Organization _____

Address _____ City/State/Zip _____

Donor of Record *(IRA Owner's name)* _____

Address _____ City/State/Zip _____

Send the check to the ☐ IRA Owner ☐ Charitable Organization

PART 5. SIGNATURES

I certify that I am authorized to receive payments from this IRA and that all information I provide is true and accurate. I understand and have met the requirements for making a QCD from my IRA. No tax advice has been given to me by the custodian. All decisions regarding this distribution are my own, and I expressly assume responsibility for any consequences that may arise from this distribution. I agree that the custodian is not responsible for any consequences that may arise from processing this distribution.

X _____ _____

Signature of IRA Owner Date *(mm/dd/yyyy)*

Witnessed and accepted by SchoolsFirst FCU as agent for custodian by:

_____ _____

Name of SchoolsFirst FCU Representative Representative's User ID

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