



REQUEST FOR A QUALIFIED CHARITABLE DISTRIBUTION (QCD) FROM A BROKERAGE RETIREMENT ACCOUNT (IRA)

Please read carefully: Use this form to request a qualified charitable distribution (QCD) from your self-directed or managed brokerage IRA. This does not include brokerage window accounts attached to a TIAA IRA. QCDs are not permitted from employer-sponsored retirement plans, including active SEP-IRA or SIMPLE IRA plans. You must be 70½ or older on the date of the distribution. A QCD may satisfy any required minimum distributions (RMDs) you may have. If you have an automatic RMD scheduled on your account, you must indicate whether or not you wish to reduce any remaining payments by the amount of the QCD. The maximum annual exclusion per individual is \$100,000. Any deductible IRA contributions made to your IRA after you turn 70½ will reduce the amount of the QCD that is not in your gross income.

Requests should be received at least five business days before the next payment date. QCDs are reported as a normal distribution on your 1099-R, although any QCD from an Inherited IRA or Inherited Roth will be reported as a death distribution on your 1099-R. TIAA Brokerage does not provide tax advice; please consult your tax advisor to discuss any questions you may have, to ensure the charity is qualified to receive this distribution, and for state-specific guidance.

Self-Directed Accounts: There must be cash available in order to process the distribution. Trades that are placed to meet the cash requirement need to settle prior to the distribution. If there are insufficient funds in the account, the request will not be processed.

Managed Accounts: The process to generate the cash to meet your distribution request is done for you in a way that leaves remaining funds invested according to your profile. Please notify your Advisor if your request drops the account value below \$50,000.

Require additional assistance or have a question? Call us at 800-842-2252, weekdays, 8 a.m. - 7 p.m. (ET).

All fields marked with an * are required. We are unable to process requests without such information. Please provide your account and contact information.

1. ACCOUNT INFORMATION

Brokerage Account Number*

Contact Telephone Number

Extension

Title

First Name*

Middle Initial

Last Name*

Suffix





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QCDs are not subject to tax withholding and will not be applied to this request. The distribution must be made payable directly to the qualified charity by the custodian.

Overnight requests are \$12 and are offered for weekday delivery only. For security reasons, overnight delivery requests are defaulted to require a signature upon delivery unless otherwise noted. If overnight delivery is not selected, the check will be sent via standard delivery.

Checks will be noted with your name and your Donor ID if provided. If your Donor ID is your Social Security Number, it will not be included on the payment. You may request to have the payment mailed directly to yourself so that you may deliver directly to the charity.

Payments are processed within five business days of receipt.

The IRS requires the charity to supply a receipt for each donation over \$500. Follow up with the charity directly for your receipt.

If you have more distributions that can fit on this form, you may copy this page or you may attach a printed, formatted document. Please include each field marked with an asterisk (*) and sign and date each attached page.

2. CHARITY INFORMATION

1. Name of Qualified Charity*

Donor ID (optional)

Mail the check directly to my address on record.

Mailing Address* (If sending overnight, address cannot be a PO Box.)

City*

State*

Zip Code*

Attention*

Amount of Charitable Donation*

\$

Select the following, as applicable:

I would like the donation to be sent overnight.
A \$12 fee applies.

I would like to remove the receipt signature requirement on the overnight delivery.

I would like the donation to be made anonymously.

2. Name of Qualified Charity*

Donor ID (optional)

Mail the check directly to my address on record.

Mailing Address* (If sending overnight, address cannot be a PO Box.)

City*

State*

Zip Code*

Attention*

Amount of Charitable Donation*

\$

Select the following, as applicable:

I would like the donation to be sent overnight.
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3. Name of Qualified Charity*

Donor ID (optional)

Mail the check directly to my address on record.

Mailing Address* (If sending overnight, address cannot be a PO Box.)

City*

State*

Zip Code*

Attention*

Amount of Charitable Donation*

\$

Select the following, as applicable:

I would like the donation to be sent overnight.

A \$12 fee applies.

I would like to remove the receipt signature requirement on the overnight delivery.

I would like the donation to be made anonymously.

4. Name of Qualified Charity*

Donor ID (optional)

Mail the check directly to my address on record.

Mailing Address* (If sending overnight, address cannot be a PO Box.)

City*

State*

Zip Code*

Attention*

Amount of Charitable Donation*

\$

Select the following, as applicable:

I would like the donation to be sent overnight.

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If you are receiving automatic RMDs, you may choose to stop receiving them or receive only your remaining RMD (less the QCD amount) for the remainder of the year. Regular RMD payments will resume the following year. You may elect to continue receiving your regular RMD payments in addition to the QCD. Please see your tax advisor for advice on your tax situation.

3. AUTOMATIC REQUIRED MINIMUM DISTRIBUTION (RMD) (REQUIRED IF YOU HAVE STANDING INSTRUCTIONS ON FILE TO CALCULATE AND SEND YOUR RMDs AUTOMATICALLY.)

Select one of the following:

Apply the total of my charitable distributions toward my RMD. I understand any remaining RMD amount would be adjusted to subtract the QCD request and would be sent to me according to my current instructions. If the total RMD is met, I will not receive any further payments this year. Automatic RMDs will resume the following year based upon your chosen schedule.

Continue to send me my regular RMDs in addition to the charitable distribution requested.

Please allow five business days for processing. If your request is within five days of a scheduled RMD payment, we will generally allow the distribution to proceed and set the new reduced amount to begin with the following scheduled payment.

Notary requirement: If this form is faxed or mailed in, your signature must be notarized. If you upload this form using the TIAA mobile app or the TIAA secure web, notarization is not required. See Option 1 and/or Option 2 in the Options to Return Completed Form(s) section for instructions. Forms that are received by mail or fax that are not notarized will be delayed until notarization is added.

4. QUALIFIED CHARITABLE DISTRIBUTION AGREEMENT AND SIGNATURE

By signing below, I certify that I have provided TIAA and Pershing with correct information, and I understand that a distribution or distributions will be made from my IRA based on that information and as a result of this direction. I certify that this distribution request is in accordance with the provisions of the IRA and satisfies applicable federal and state law requirements. I understand that as a result of this distribution I am relinquishing ownership of these funds to the charity named within. I am responsible for determining if my distribution request satisfies the requirements under IRS Code Section 408(d)(8). I elect no income tax withholding. I understand that I am responsible for calculating and withdrawing my required minimum distribution amounts under IRS code Section 401(a)(9). If distributing this request from an SEP or SIMPLE IRA, I certify I am not an active participant in the plan. I understand that I am responsible for maintaining sufficient cash in my account to support these distributions. I understand that TIAA and Pershing do not provide tax or legal advice, and that TIAA and Pershing strongly recommend that I consult my tax or legal advisor prior to completing and signing this form. I hereby indemnify and hold harmless TIAA and Pershing and their respective affiliates for any tax consequences of this distribution request and the elections made above. TIAA and Pershing may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact. This authority is to remain in full force and effect until TIAA and Pershing have received written notification from me of their termination in such time and in such manner as to afford TIAA and Pershing a reasonable opportunity to act on it.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Notarization is only required if this form is faxed or mailed in. If the form is received through the secure upload feature in the TIAA mobile app or within the website, the notarization requirement is waived.

Please sign your full legal name with suffix, if applicable.

Your Signature

Today's Date (mm/dd/yyyy)

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This section must be completed by a Notary Public. TIAA accepts online notarization. You may notarize your documents online by visiting www.Notarize.com/TIAA. Notarize.com is a third-party vendor that charges a fee for each notary transaction. If you reside outside the United States, you can go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

NOTE: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

5. NOTARY PUBLIC CERTIFICATION

State County

Notary Expiration Date (mm/dd/yyyy)

/ / 20

On the date noted below the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public's Signature

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires.

Today's Date (mm/dd/yyyy)

/ / 20

FOR NOTARY PUBLICS IN FLORIDA

The foregoing instrument was acknowledged before me, by means of:

Physical presence Online notarization

Please return ALL numbered pages including any pages you did not need to complete.

OPTIONS TO RETURN COMPLETED FORM(S)

OPTION 1: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the App Store or Google Play.

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Go to the **Files** tab, select **Upload** and then follow the instructions.

OPTION 2: If you are using your personal computer, here's what you'll need to do to upload your completed document(s):

- Log in to your **TIAA.org** account and select the **Actions** tab.
- Choose **Upload document(s)** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

OPTION 3: If you prefer to fax or mail this form, use the information provided below:

FAX:
800-914-8922 (within U.S.)
704-595-5795 (outside U.S.)

STANDARD MAIL:
TIAA
P.O. Box 1280
Charlotte, NC 28201-1280

OVERNIGHT DELIVERY:
TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

