



## Request for a Qualified Charitable Distribution (QCD) from a Brokerage Individual Retirement Account (IRA)

**Please read carefully:** Use this form to request a qualified charitable distribution (QCD) from your self-directed or managed brokerage individual retirement account. This doesn't include brokerage window accounts attached to a TIAA IRA. QCDs are not permitted from employer-sponsored retirement plans, including active Simplified Employee Pension Plan (SEP) or Savings Incentive Match Plan (SIMPLE) IRAs. 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 \$105,000 and is indexed for inflation. Any deductible IRA contributions made to your IRA after you turn 70½ will reduce the amount of the QCD that isn't in your gross income.

QCDs aren't subject to tax withholding and won't be applied to this request. The distribution must be made payable directly to the qualified charity by the custodian.

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.

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 IRA will be reported as a death distribution on your 1099-R. TIAA Brokerage doesn't 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 won't be processed.

**Managed Accounts:** The process to generate the cash to meet your distribution request is done 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. to 7 p.m. (ET).

**Note:** All fields marked with an \* are required. We are unable to process requests with incomplete information.





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## 1. ACCOUNT INFORMATION

Brokerage Account Number*	Contact Telephone Number	Extension		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Title	First Name	M.I.	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. CHARITY INFORMATION

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

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 isn't selected, the check will be sent via standard delivery.

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.

1. Name of Qualified Charity* (limit 32 characters/spaces)	Donor Name/ID (limit 32 characters/spaces)		
<input type="text"/>	<input type="text"/>		
Charity Campaign (limit 32 characters/spaces)	Optional Additional Information (limit 32 characters/spaces)		
<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> Mail the check directly to my address on record.			
Mailing Address (overnight mail, address can't be a P.O. box)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount of Charitable Donation\*

\$

Select the following, as applicable:

- ☐ I would like the donation 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.





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2. Name of Qualified Charity\* (limit 32 characters/spaces)

Donor Name/ID (limit 32 characters/spaces)

Charity Campaign (limit 32 characters/spaces)

Optional Additional Information (limit 32 characters/spaces)

☐

Mail the check directly to my address on record.

Mailing Address (overnight mail, address can't be a P.O. box)

City

State

Zip Code

Amount of Charitable Donation\*

\$

Select the following, as applicable:

☐

I would like the donation 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

3. Name of Qualified Charity\* (limit 32 characters/spaces)

Donor Name/ID (limit 32 characters/spaces)

Charity Campaign (limit 32 characters/spaces)

Optional Additional Information (limit 32 characters/spaces)

☐

Mail the check directly to my address on record.

Mailing Address (overnight mail, address can't be a P.O. box)

City

State

Zip Code

Amount of Charitable Donation\*

\$

Select the following, as applicable:

☐

I would like the donation 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.





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**4. Name of Qualified Charity\*** (limit 32 characters/spaces)

**Donor Name/ID** (limit 32 characters/spaces)

**Charity Campaign** (limit 32 characters/spaces)

**Optional Additional Information** (limit 32 characters/spaces)

☐

Mail the check directly to my address on record.

**Mailing Address** (overnight mail, address can't be a P.O. box)

**City**

**State**

**Zip Code**

**Amount of Charitable Donation\***

\$

Select the following, as applicable:

☐

I would like the donation 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

**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 won't 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'll generally allow the distribution to proceed and set the new reduced amount to begin with the following scheduled payment.

If you're 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.





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## 4. QUALIFIED CHARITABLE DISTRIBUTION AGREEMENT AND SIGNATURE

**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 isn't required. See Option 1 and/or Option 2 in the Options to Return Completed Form(s) section for instructions. Forms received by mail or fax that aren't notarized will be delayed until notarization is added.

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.

### Substitute W-9 Request for Taxpayer Identification Number and Certification

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 (as defined in the form W-9 instructions); and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding (as detailed in the box above).**

**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, using black ink.

Your Signature

Today's Date (mm/dd/yyyy)

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## 5. NOTARY PUBLIC CERTIFICATION

This section must be completed by a Notary Public. TIAA accepts remote online notarization. You may notarize your documents online by visiting [proof.com/customers/tiaa](https://proof.com/customers/tiaa). Proof.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 embassy or consulate or a 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.

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

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

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

## OPTIONS TO RETURN COMPLETED FORM(S)

Please return **all** numbered pages, including any pages you didn't need to complete.

**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**.

Scan the **QR Code** to upload your documents.

**OR**

Tap the **Profile** icon in the lower-right corner of your screen, then tap **Upload files**  
and follow the step-by-step instructions.



**OPTION 2: Use your personal computer to quickly upload your completed document(s).**

Go to [tiaa.org/upload](https://tiaa.org/upload), select **Upload files**, and follow the step-by-step instructions.

**OPTION 3: If you prefer to fax or mail your completed documents, 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

