

QUALIFIED CHARITABLE DISTRIBUTION REQUEST FORM

Use this form to request a Qualified Charitable Distribution (“QCD” or “IRA Rollover”) from your IRA. Retirement plan participants or their beneficiaries who have attained age 70-1/2 or older may make tax-free distributions from a Traditional or Roth IRA and donate the amount distributed to an eligible tax-exempt charitable organization. The total of all QCDs for a single tax year cannot exceed \$100,000. The QCD amount can be used toward satisfying your Required Minimum Distribution (“RMD”) for the tax year. The QCD will be reported to the IRS on form 1099-R as a normal distribution (Code 7) based on your age. You must document the tax-free qualification to the Internal Revenue Service on your federal income tax return. Please visit the IRS web site www.irs.gov, or contact a professional tax advisor for more information.

Please contact your Custodian to determine whether you need to indicate which investments should be liquidated to make this distribution, and whether a Medallion guarantee is required. Your custodian may require that its own forms be used to request this distribution.

Request to IRA Custodian:

Mail, fax, or hand-deliver your request to:

Company Name: Osprey Wilds

Address: PO Box 530, 54165 Audubon Drive

City: Sandstone **State:** Minnesota **Zip code:** 55072-0530

Attention: Finance Manager

I. **Participant Information** – You must be at least 70-1/2 years old to request a QCD.

Name: _____ Daytime Telephone: _____

Account Number: _____ Social Security Number: _____

Date of Birth: _____

Type of Account (excluding SEP or SIMPLE IRAs)

___ Traditional/Rollover IRA ___ Roth IRA

___ Beneficiary inherited Traditional IRA ___ Beneficiary inherited Roth IRA

II. **Distribution Instructions** (Complete Sections A and B)

A. Total Distribution Amount (Not to exceed the allowable limit of \$100,000)

___ Use my calculated RMD amount but not more than \$100,000.

___ Process a total distribution of \$ _____.

___ I waive tax withholding on this distribution. (Any amounts withheld are reportable and taxable.)

B. Please mail or transfer the distribution to Osprey Wilds, a Minnesota nonprofit corporation:

1. Amount: \$ _____ or _____ % of the distribution proceeds to:

Jolene Palme

Osprey Wilds

P.O. Box 530

54165 Audubon Drive

Sandstone, MN 55072

EIN: _____

Or transfer directly to the account of the above charity:

Bank: _____

Routing Number: _____

Account Name: _____

Account Number: _____

Representative contact name and information: _____

III. Participant Authorization

I certify that I am the Participant authorized to make this election and that all information provided is true and accurate. I further authorize the Custodian to release my identity to any charity receiving a QCD hereunder.

Participant's signature:

Date: