

## IRA Qualified Charitable Distribution Request Form

### Mailing Address

**Regular Mail:**  
Loomis Sayles Funds  
P.O. Box 219594  
Kansas City, MO 64121-9594

**Overnight Mail Address:**  
Loomis Sayles Funds  
801 Pennsylvania Ave  
Suite 219594  
Kansas City, MO 64105-1307

### General Information

#### Qualifying for a QCD

- 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 cross-check your date of birth with the date of distribution.

#### Qualified Amount

- The maximum annual amount that qualifies as a QCD per individual is regulated by the IRS and is indexed annually for inflation. Speak with your tax professional regarding specific amounts.
- If you file taxes jointly, your spouse can also process 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.

#### Qualified Organization

- 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 if 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 for your records.

#### Tax Information

- You are responsible for ensuring 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 to discuss any state specific considerations.
- Form 1099-R will be issued to you and the IRS for this distribution from your IRA.

#### Additional Information

- When returning this form, allow adequate time for processing. For a distribution to be made by or before December 31, this form should be received by December 15, in good order.
- A Medallion Signature Guarantee is required to complete this transaction.
- A separate form is needed for each charitable organization.

### Part 1 Current Account Information

\_\_\_\_\_  
Name/Account Registration

( \_\_\_\_\_ )  
Contact Phone Number

\_\_\_\_\_  
Email Address

## IRA Qualified Charitable Distribution Request Form

### Part 2 Charitable Distribution

Please indicate the specific dollar amount to be distributed from your account(s) below.

|            |                |          |
|------------|----------------|----------|
| _____      | _____          | \$ _____ |
| Fund/Class | Account Number |          |
| _____      | _____          | \$ _____ |
| Fund/Class | Account Number |          |
| _____      | _____          | \$ _____ |
| Fund/Class | Account Number |          |
| _____      | _____          | \$ _____ |
| Fund/Class | Account Number |          |

\_\_\_\_\_  
Name of Charity

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**The requested amount above will be mailed to the designated charity. A Medallion Signature Guarantee is required.**

## IRA Qualified Charitable Distribution Request Form

**Part 3**  
**Certification and**  
**Required Signatures**

I, the undersigned, authorize and request that UMB Bank, n.a., as custodian for 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 acknowledge that the value of assets may change during the distribution process. I represent that this withdrawal request satisfies the requirements under Internal Revenue Code Section 408(d) (8) and understand that no tax withholding will be applied. I agree to indemnify and hold Loomis Sayles 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.



\_\_\_\_\_  
**Signature of IRA Owner**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

Medallion Signature Guarantee required.

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.