



IMPORTANT:

- ♦You must complete all sections below and authorize the disbursement of your qualified charitable distribution (QCD). To allow sufficient processing time for this QCD, please return the form no later than December 1.
- ♦Submit the completed form for expedited processing via the Secure Message Center. You may also deliver the form by mail to Interactive Brokers, Attn: Retirement Accounts, 209 South LaSalle Street, Chicago, IL 60604 or via fax to 312-984-1032, Attn: Retirement Accounts.

IRA Qualified Charitable Distribution

This form authorizes the delivery of a cash distribution to a third-party qualified charitable organization.

IRA ACCOUNT INFORMATION *(Enter your IB account information.)*

IB Account Number:	IRA Owner Name:
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QUALIFIED CHARITY(IES)/DISTRIBUTION AMOUNT(S) *(Contact charity for delivery instructions.)*

1. Charity Name:	Check Amount:	
Address:		
City:	State/Province:	Zip/Postal Code:

2. Charity Name:	Check Amount:	
Address:		
City:	State/Province:	Zip/Postal Code:

SIGNATURE *(Your signature is required to authorize this request.)*

Please accept this request to make a QCD from my Individual Retirement Account. I acknowledge that upon approval of the request, the asset(s) will be payable to and mailed to the specified charity(ies). I certify that I am legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand that Interactive Brokers LLC (IB LLC), as trustee/custodian, may require the completion of additional documents before processing any distributions. I understand that I am responsible for any consequences resulting from this distribution, including taxes and penalties owed. I acknowledge that IB LLC cannot provide me with legal advice, and I agree to consult with a tax or legal professional for guidance. Furthermore, I agree to indemnify and hold IB LLC, their affiliates, and their respective directors, officers, and employees harmless from any resulting liabilities in the event of failure to meet any IRS requirement.

Print IRA Owner Name:	IRA Owner Signature:	Date:
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DISCLOSURES

By signing above, you acknowledge that:

- ♦IB LLC will process your qualified charitable distribution request as soon as practicable. We retain the right to reject this request.
- ♦It is your responsibility to ensure the availability of funds to satisfy your total withdrawal request, as well as any applicable fees.
- ♦Since this QCD requires authorizations, additional review and processing time, the value of your available assets may be subject to market fluctuation. IB LLC will not be responsible for any market fluctuations that result from the regular processing of your request.
- ♦It is your responsibility to ensure that this withdrawal satisfies the requirements under the Internal Revenue Code Section 408(d)(8). IRA owners must be age 70 ½ or older on the distribution date.
- ♦The charity qualifies as a 501(c)(3) organization. It is your responsibility to verify with the charity receipt of your donation.
- ♦A qualified charitable distribution will count towards your required minimum distribution. The maximum annual exclusion for QCDs is \$100,000.