



Utah Retirement Systems
PO Box 1590
Salt Lake City, Utah 84110-1590
801-366-7720 or 800-688-4015
Fax 801-366-7445 or 800-753-7445
Email: dcplans@urs.org
www.urs.org

URS IRA Charitable Distribution Form

- INSTRUCTIONS:** Use this form to direct URS to withdraw funds from your URS IRA and issue payment directly to a qualified charitable organization.
2. **You must have reached age 70 1/2 to be eligible to make a charitable IRA distribution.**
 3. Consult a tax advisor to determine how an IRA distribution for charitable purposes must be reported on your income taxes.
 4. **Sign in the presence of a Notary Public.** (A notary is **not required** if you have an available balance of \$5,000 or less.)
 5. If you fax this form, do not mail the original.

SECTION A - GENERAL INFORMATION

Name (First, Middle, Last)		Social Security # or Account #
Mailing Address		Daytime Phone Number ()
City	State	Zip

SECTION B - PAYOUT DATE

<input type="checkbox"/> As soon as possible	or	<input type="checkbox"/> Payment issued on (date) _____ (mm/dd/yyyy)
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SECTION C - ACCOUNT TYPE

Choose only one:	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA
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SECTION D - CHARITABLE DISTRIBUTION INFORMATION

- A charitable IRA distribution must be made **directly** from Utah Retirement Systems to the charitable organization.
- Charitable IRA distributions may be used to satisfy the IRA's Required Minimum Distribution.
- For information on tax reporting requirements, consult a tax advisor and/or review IRS Publication 590, *Individual Retirement Arrangements (IRAs)*.

SECTION E - IRA CHARITABLE DISTRIBUTION DISCLOSURE AND INSTRUCTIONS

I hereby direct Utah Retirement Systems to make a distribution from my IRA directly to the charitable organization listed below. I elect to have no federal income taxes withheld from this distribution, and I understand that to the extent this distribution does not qualify as a qualified charitable distribution under section 408(d)(8) of the Internal Revenue Code of 1986, as amended (the "Code"), then I shall be liable for federal income taxes on the taxable portion of the payment, as well as tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Name of Charitable Organization:
Mailing Address of Charity:
Taxpayer Identification Number of the Charity (if available):
Amount of Distribution (not to exceed \$100,000, which is an aggregate limit for the year): \$

SECTION F - CERTIFICATION AND SIGNATURE

I hereby certify that:

- (i) the charitable organization listed above is an organization described in Code section 170(b)(1)(A) (other than an organization described in section 509(a)(3) or any fund or account described in Code section 4966(d)(2));
- (ii) I have (or will have) reached age 70-1/2 as of the time of the distribution; and
- (iii) the distribution qualifies as a "qualified charitable distribution" under Code section 408(d)(8).

Print Your Name Here

Signature	Date
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See **Instructions** at top of page for **notary policy**

State of _____, County of _____
On this _____ day of _____, in the year 20 _____,
the above named individual personally appeared before me and proved on the
basis of satisfactory evidence to be the person whose name is subscribed to this
instrument and acknowledged that he/she executed the same.

Notary Signature _____ My commission expires _____