

Request from Plan Owner to Administrator for Charitable Distribution from Individual Retirement Account (IRA) to NCH HEALTHCARE SYSTEM

Date _____

Name _____

Address _____

RE: Request for Charitable Distribution from Individual Retirement Account # _____

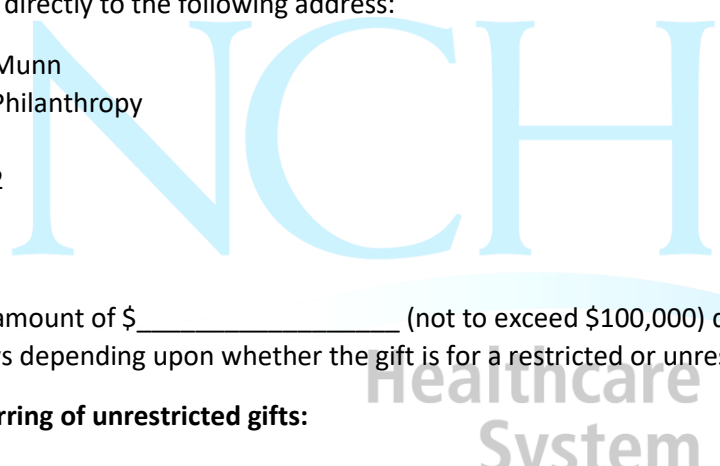
in the name of _____.

Dear Sir or Madam:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account # _____.

Please issue a check of \$ _____ (not to exceed \$100,000) payable to NCH Healthcare System and mail directly to the following address:

Attention: Troy Munn
NCH Center for Philanthropy
350 7th St. N.
Naples, FL 34102



Or

Please wire the amount of \$ _____ (not to exceed \$100,000) directly to NCH Healthcare System as follows depending upon whether the gift is for a restricted or unrestricted purpose:

For wire transferring of unrestricted gifts:

Beneficiary Name: NCH Healthcare System, Inc., Account Name: Misc. Deposits, Account#: 0055-0050-5534, Bank Name: Bank of America NA, Bank Address: P.O. Box 25118, Tampa, FL 33622-5118, Bank Routing #: 026009593, ACH Bank Routing #: 063100277.

For wire transferring of restricted gifts:

Beneficiary Name: NCH Healthcare System, Inc., Account Name: Funding SP Disbursement, Account#: 0055-0050-5741, Bank Name: Bank of America, NA, Bank Address: P.O. Box 25118, Tampa, FL 33622-5118, Bank Routing #: 026009593, ACH Bank Routing #: 063100277.

In your transmittal to NCH Center for Philanthropy, please give my name and address as the donor of record in connection with this transfer, and if possible, indicate that the donation is for the benefit of _____ (area of healthcare interest i.e.; greatest need, cardiology, nursing, oncology, stroke, etc...). Please provide me with a copy of your transmittal.

It is my intention to have this transfer qualify for the IRA Charitable Rollover in the 2019 tax year. If you have any questions, or need to contact me, I can be reached at _____.