



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: NCH Center for Philanthropy

Address:

NCH Center for Philanthropy
Telford Building, 2nd Floor
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 restricted or unrestricted:

For wire transferring of unrestricted gifts:

Beneficiary Name: NCH Healthcare System, Inc., Account Name: NCH – Unrestricted Account, Account# 637812295, Bank Name: JPMorgan Chase New York, NY 10017, Bank Routing #: 021000021, ACH Bank Routing #: 267084131.

For wire transferring of restricted gifts:

Beneficiary Name: NCH Healthcare System, Inc., Account Name: NCH Funding SP, Account# 637812386, Bank Name: JPMorgan Chase New York, NY 10017, Bank Routing #: 021000021, ACH Bank Routing #: 267084131.

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 _____ (Fund Designation i.e., greatest need, cardiology, nursing, etc.). Please provide NCH with a copy of your transmittal.

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