

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

Date

| Your N | Name | |
|------------------|---|--|
| Addre | ess | |
| | equest for Charitable Distribution from IRA | |
| Dear S | Sir or Madam: | |
| | e accept this letter as my request to make a unt # | direct charitable distribution from my Individual Retirement |
| | Please issue a check of \$ Inc. and mail directly to the following add | (not to exceed \$108,000) payable to NCH Healthcare Systems dress: |
| | Attention: Savannah Fieger NCH Center for Philanthropy PO Box 234, Naples, FL 34106 | |
| OR | | |
| | | (not to exceed \$108,000) directly to NCH Healthcare whether the gift is for a restricted or unrestricted purpose: |
| | The NCH Healthcare Systems, Inc. bank fo JPMorgan Chase, New York, N | |
| Doing Wire SWIFT | ficiary Name: NCH Healthcare Systems, Inc 59-2314655 g Business As: NCH Center for Philanthrop Transfer Bank Routing #: 021000021 T Code: CHASUS33 Bank Routing #: 267084131 unt #: 637812386 | |
| conne design | ection with this transfer and indicate that the | by, please give my name and address as the donor of record in e donation is for the benefit of (fund ng, oncology, stroke, etc.). Please provide me with a copy of |
| | y intention to have this transfer qualify for t of this form. If you have any questions, or ne | the IRA Charitable Rollover in the tax year associated with the eed to contact me, I can be reached at |

NCH HEALTHCARE SYSTEMS, INC DBA NCH CENTER FOR PHILANTHROPY IS A 501(C) (3) TAX-EXEMPT HOSPITAL, IRS SECTION 170(B)(2) III FOR BOTH FEDERAL AND STATE TAX PURPOSES. THE FEDERAL TAX IDENTIFICATION NUMBER IS 59-2314655. A COPY OF OUR OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAYBE OBTAINED FROM THE FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE (CH1470). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY STATE.