

## CHARITABLE IRA ROLLOVER REQUEST FORM

*In order to initiate a qualified charitable distribution (QCD) from your IRA, please complete this form, send it to your provider, and return a copy to the SDSU Foundation.*

### IRA PROVIDER INFORMATION:

Broker Name: \_\_\_\_\_

Broker Telephone: \_\_\_\_\_ Broker Email: \_\_\_\_\_

*Re: Request for qualified charitable distribution from Individual Retirement Account*

### TRANSFER FROM:

Account #: \_\_\_\_\_

Donor's Name (Please Print): \_\_\_\_\_

Amount: \_\_\_\_\_

It is my intention to have this transfer qualify during the \_\_\_\_\_ tax year. Therefore, it is imperative this distribution be completed no later than December 31, \_\_\_\_\_.

### RECEIVING INSTITUTION INFORMATION:

South Dakota State University Foundation

815 Medary Avenue

Brookings, SD 57006

Tax ID# 46-0273801

### DONOR(S):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### DESIGNATION:

**IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT:**

SDSU Foundation - Gift Planning | [giftplanning@sdstatefoundation.org](mailto:giftplanning@sdstatefoundation.org) | OFFICE: 605-697-7475 | TOLL FREE: 888-747-7378