



**IMPORTANT DEADLINES:**

- **THE 2024 DEADLINE FOR REQUESTING A QCD THAT IS INTENDED TO SATISFY YOUR 2024 REQUIRED MINIMUM DISTRIBUTION IS OCTOBER 1, 2024.**
- **IN ALL OTHER CASES, THIS FORM MUST BE SUBMITTED TO PENSION FUND ON OR BEFORE DECEMBER 15, 2024, TO ENSURE DISTRIBUTION BEFORE YEAR END.**

Complete this *Application for Qualified Charitable Distribution* if you are a Traditional or Roth IRA owner, you are at least age 70½, and you want to make a qualified charitable distribution (QCD) to a qualified charitable organization. A QCD must satisfy the following rules:

- The qualified charitable organization must be an organization exempt from tax under Code Section 501(c)(3) that is eligible to receive tax-deductible contributions.
- The entire distribution must be allowed as a charitable contribution deduction, and you must receive the same type of acknowledgement you would need to claim a deduction for a charitable contribution.
- The distribution must otherwise be includible in gross income (e.g. for an IRA, it must consist of deductible contributions and for a Roth IRA, it must be the earnings on a non-qualified distribution), provided that this requirement will be treated as met to the extent that the distribution does not exceed the aggregate amount which would have been included in gross income if all amounts in all of your IRAs were distributed during the year and all such IRAs were treated as a single IRA. If your IRA includes both taxable and non-taxable amounts, the distribution is first considered to be paid out of otherwise taxable income.
- The maximum QCD that you can make in 2024 is \$105,000.

You may also make a one-time election to treat a distribution to a charitable remainder annuity trust, charitable remainder unitrust, or charitable gift annuity as if it were a distribution made directly to a qualified charitable organization, if the contribution would otherwise be deductible. This one-time election is limited to \$53,000 in 2024.

Generally, a QCD will not be included in your gross income, and you cannot claim a charitable contribution deduction for the distribution. However, the tax exclusion is reduced by an amount equal to (i) all deductible IRA contributions that you make for all tax years ending on or after the date you attain age 70½ minus (ii) all reductions to the tax exclusion for QCDs due to post-70½ deductible IRA contributions for all tax years preceding the current tax. A QCD will count toward satisfying your required minimum distribution, if applicable.

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. IRA OWNER INFORMATION**

IRA Owner Name \_\_\_\_\_ Account No. \_\_\_\_\_  
(first) (middle) (last/family name)

☐ Check here if there has been a change to your contact information on file.

Home Address \_\_\_\_\_ Member Ref. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Last four digits of Social Security No./ITIN \_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**II. PAYMENT OF DISTRIBUTION**

I elect for the following amount to be distributed this year from my IRA account no. \_\_\_\_\_ directly to the entity identified in Section III (*check and complete one only*):

☐ \$ \_\_\_\_\_ of my IRA

☐ 100% of my required minimum distribution (RMD).

**IMPORTANT: See above deadline if the QCD is intended to satisfy your RMD for the year.**

I elect for this amount to be paid pursuant to the following schedule (*check and complete one only*):

- ☐ Single annual payment in (*check one only*): ☐ March ☐ June ☐ September ☐ December  
☐ As soon as administratively practicable
- ☐ Semi-annual payments in (*check two only*): ☐ March ☐ June ☐ September ☐ December
- ☐ Quarterly payments in March, June, September, and December

**IMPORTANT:** Notwithstanding the above, the final QCD distribution for the year will be made during the month of October if you have not satisfied your RMD for the year prior to that date.

*Pension Fund will process QCDs in the month selected or as soon as administratively practicable thereafter. If you do not make a selection, payment will be made during the month of October.*

### III. DESIGNATION OF QUALIFIED CHARITABLE ORGANIZATION

The distribution will be made by check directly payable to:

- ☐ The Ministerial Relief Fund of the Pension Fund of the Christian Church (Disciples of Christ).
- ☐ The entity identified below, which qualifies as (*check one only*):
- ☐ A qualified charitable organization.
  - ☐ A charitable remainder annuity trust which is funded exclusively by QCDs.
  - ☐ A charitable remainder unitrust which is funded exclusively by QCDs.
  - ☐ A charitable gift annuity which is funded exclusively by QCDs and commences fixed payments of five percent or greater not later than one year from the date of funding.

**Important:** *If the distribution is made to a charitable remainder annuity trust, charitable remainder unitrust, or charitable gift annuity, this is a one-time election and the distribution cannot exceed \$53,000 in 2024.*

**Complete the following unless requesting a distribution to the Ministerial Relief Fund:**

Payee \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

☐ *Check here to authorize Pension Fund to share your address with the above entity to allow the entity to send you a receipt.*

**NOTE:** Any portion of your requested distribution that is not otherwise taxable to you is not a QCD. If you itemize taxes, you may deduct such portion of the distribution as a charitable contribution on your tax return. The amount of your requested distribution that exceeds the maximum dollar amount, as applicable, is not a QCD and will be taxable to you.

### IV. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I understand that Pension Fund will process my distribution request only if I am an IRA owner presently entitled to receive a distribution.

- I understand that if I want this distribution to count toward my required minimum distribution (RMD) for the year, ***Pension Fund must receive this Application by no later than the applicable deadline stated at the top of this Application.*** I acknowledge that if Pension Fund has not received my Application by this date, Pension Fund may distribute to me any additional amount needed to satisfy the RMD rules for the year.
- I understand that if I submit this Application ***after December 15 of the year***, Pension Fund may not be able to process the Application and make the QCD before the end of the calendar year.
- I certify that the qualified charitable organization is an organization exempt from tax under Code Section 501(c)(3) that is eligible to receive tax-deductible contributions. If I am instead making a one-time election to treat a distribution to a charitable remainder annuity trust, charitable remainder unitrust, or charitable gift annuity as if it were a distribution made directly to a qualified charitable organization, I certify that (i) I have not made such an election in a preceding taxable year, (ii) the contribution is otherwise deductible, and (iii) no person holds an income interest in the entity other than the individual for whose benefit such account is maintained, the spouse of such individual, or both, and the income interest is non-assignable.
- I certify that the information provided on this Application is accurate. I agree that I will timely notify Pension Fund of any changes to the information provided on this Application.
- I understand that the personal information provided on this Application will be used by Pension Fund to process my request and to provide services to me under the DCRA.
- I understand that I must submit a new *Application for Qualified Charitable Distribution* each year if I want to contribute my RMD for that year to a qualified charitable organization.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pension Fund of the Christian Church**

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