

Date: \_\_\_\_\_

To: \_\_\_\_\_

IRA Trustee/Administrator

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

RE: Request for Direct Charitable Distribution from Individual Retirement Account (IRA)

Dear IRA Trustee/Administrator:

As provided by the Pension Protection Act of 2006 and as amended in the Protecting Americans from Tax Hikes Act of 2015, I hereby request a direct charitable distribution from my Individual Retirement Account Number \_\_\_\_\_. I am 70 ½ years or older.

Please issue a check made payable to Vesterheim Norwegian-American Museum in the amount of \$ \_\_\_\_\_ (not to exceed \$100,000) from my Individual Retirement Account Number \_\_\_\_\_ (your account number), and mail it to:

Vesterheim Norwegian-American Museum  
Attn: Diane Brondyke – IRA Distribution  
PO Box 379  
Decorah, Iowa 52101

The Federal Tax ID number for Vesterheim Museum is 42-6081638. If you need more information from Vesterheim Museum, please contact Diane Brondyke, Development Director at 563-382-9681 or by email at [dbrondyke@vesterheim.org](mailto:dbrondyke@vesterheim.org).

Vesterheim Norwegian-American Museum is a 501(c)(3) organization and is not a donor advised fund or supporting organization. It is my intention that this gift complies with IRC 408(d)(8). My gift will not be placed in a charitable gift annuity, charitable remainder trust, donor advised fund or supporting organization. It is also my intention to have this transfer qualify during the 2018 tax year. Therefore, it is imperative that this distribution be postmarked no later than Dec. 31, 2018. Please include a copy of this letter with the check, and include my name on the check or with other accompanying correspondence, and send me a copy of the transfer for my records.

If you have any questions or concerns regarding this request, I can be reached at the phone number or email address listed below. Thank you for your prompt attention to this matter.

Sincerely,

Your Signature: \_\_\_\_\_

Your Printed Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_