

# Charitable contribution request



**Mail to:** P.O. Box 9261, Des Moines, IA 50306-9261  
**Overnight:** 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833  
**Phone:** 866-747-3421 | **Email:** SecuritiesPi@sfgmembers.com

## Instructions

Use this form to request one-time charitable contributions to non-profit organizations.

## 1. Account information

Please provide all requested information.

Account number

Account Holder's name (first, middle, last)

DOB (mm/dd/yyyy)

Social Security number

Street address

Apartment/Suite number

City

State

ZIP

Phone number

## 2. Non-profit and disbursement information

For LiveWell® Plus Mutual Fund IRA Account Holders, an Early Withdrawal Charge (EWC) will be applied to withdrawals in excess of 10% of your Account Anniversary Value (or Required Minimum Distribution amount, if greater) within six years of the Account Anniversary. The date your first contribution is received is known as your Account Anniversary. See the Disclosure Statement & Custodial Account Agreement for details.

Non-profit information provided by you must be completed accurately. A check will be mailed directly to the non-profit organization.

Items to consider:

- All charitable contributions will be made for the current tax year only and will be processed using the current processing date.
- You must be the age of 70½ or older at the time of your request.
- A maximum of \$100,000 can be sent to non-profit organizations per calendar year.

1. Name of non-profit organization

Amount (\$500 minimum)

Mailing address

City

State

ZIP

Phone number

2. Name of non-profit organization

Amount (\$500 minimum)

Mailing address

City

State

ZIP

Phone number

3. Name of non-profit organization			Amount (\$500 minimum)
Mailing address			
City	State	ZIP	Phone number
4. Name of non-profit organization			Amount (\$500 minimum)
Mailing address			
City	State	ZIP	Phone number
5. Name of non-profit organization			Amount (\$500 minimum)
Mailing address			
City	State	ZIP	Phone number

**3. Acknowledgement**

By signing below, I certify and acknowledge that the information provided on this form is correct.

**Taxpayer certification**

Under penalty of perjury, my signature certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Account holder's signature	Date signed (mm/dd/yyyy)

**If your request is not in good order, how would you like us to notify you?**

Call me at \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_   
  Mail a letter to my address of record   
  Contact my Registered Representative



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