

**IRA ROLLOVER
INSTRUCTIONS TO PLAN ADMINISTRATOR**

DATE:

TO: **IRA Plan Administrator**

FROM: **Plan Owner:** _____

Address: _____ **Phone** _____

ACCOUNT # _____

RE: **Request for Charitable Distribution from Individual Retirement Account**

As the owner of IRA account [_____] that is in the custody of your organization, I request that you transfer from that account the sum of [_____] to:
St. Joseph Hospital of Orange, CA.

Via Check:

Please issue a check in the amount of \$ _____ payable to St. Joseph Hospital Foundation

Tax ID #95-1643359. **Please identify my name on the check.**

Mail check to: St. Joseph Hospital Foundation
Attn: Philip Barker or Monica Hunter
1100 W. Stewart Drive
Orange, CA 92868

Via Wire Transfer: [FOUNDATION'S WIRE INSTRUCTIONS TO THE FOUNDATION'S BANK]

Account Name: St. Joseph Hospital Foundation
Account Number: 27404947
ABA Routing #: 1 222 3414 9
Bank Name: Citizens Business Bank
Bank Address: 1201 E. Katella Avenue, Orange, CA 92867
Bank Phone: 714-288-5203
Bank Fax: 714-532-1490

It is my intention that this IRA rollover gift comply with the "qualified charitable distribution" requirements of Section 408(d)(8) of the Internal Revenue Code and to make a Qualified Charitable Distribution (QCD) to my Favorite Public Charity from my IRA as permitted by law. This QCD will fulfill part or all of my IRA required minimum distribution for this year. This letter is sufficient authorization for you to make this QCD gift. However, if you require any further documents, please forward those to me for my signature.

Thank you,

Signature of plan owner