

IRA Qualified Charitable Distribution Request Form

Mailing Address

Regular Mail:

Dodge & Cox Funds
P.O. Box 219502
Kansas City, MO 64121-9502

Express, Certified, or Registered Mail:

Dodge & Cox Funds
430 W 7th Street, Suite 219502
Kansas City, MO 64105-1407

General Information

Qualifying for QCD

- Please be advised that you must be age 70½ or older on the date of the distribution in order for the distribution from your IRA to be a qualified charitable distribution ("QCD"). We do not cross check your birth date with the date of distributions.

Qualified Amount

- The maximum annual amount that can qualify as a QCD per individual is \$100,000 (in 2023). Starting in 2024, the QCD amount will be indexed for inflation. If you file taxes jointly, your spouse can also make a QCD from his or her own IRA within the same tax year for up to their individual QCD amount. See IRS.gov/Pub590B for additional information.

Qualified Organization

- The charity to which funds are transferred from your IRA must be eligible to receive tax-deductible contributions. Certain charities do not qualify, it is your responsibility to determine whether a charity is a qualified charity.
- Checks will be made payable to the qualified charity. It is your responsibility to obtain a receipt of your donation from the charity.

Tax Information

- You are responsible for ensuring that the requested IRA distribution complies with IRS rules. Please consult with your tax advisor regarding all potentially applicable IRS rules based on your circumstances and to discuss any state specific considerations.
- Form 1099-R will be issued to you and the IRS for this distribution from your IRA.

Required Minimum Distribution (RMD)

- If you are at least of RMD Age, QCDs can count towards your RMD for the year.
- If you are of RMD age, have established a Systematic Withdrawal Plan (SWP), and would like to reduce any remaining payments by the distribution amount requested on this form for this year only, please complete Part 2.

Additional Information

- When returning this form, please allow adequate time for processing. For a distribution to be made by or before December 31, this form must be received by December 20.
- In some circumstances, a medallion signature guarantee will be required to complete this transaction.

Part 1 Current Account Information

Name/Account Registration

()

Contact Phone Number

Part 2 Systematic RMD Adjustment (Age 72 or older only)

If you are of RMD Age, have established a Systematic Withdrawal Plan (SWP) for your RMD, and would like the plan to be reduced by the distribution amount on this form for this year only, please check the box below. To allow time for processing updates to your systematic withdrawal plan, please submit this form at least 14 days in advance of your next payment date.

- Reduce your current systematic RMD plan by the total requested withdrawal amount on this form.

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Part 3
Charitable Distribution

A. Charitable Gift Amount

Please Choose the Charitable Gift Amount (Up to the QCD maximum): \$ _____

B. Distribution Source

Please indicate the specific dollar amount or percentage of the Charitable Gift Amount to be distributed from your account(s) below.

| | | | | |
|---------------|-----------------------|----------|----------|----------------------------------|
| _____ | _____ | \$ _____ | or | _____ % |
| Fund | Account Number | | | of Charitable Gift Amount |
| _____ | _____ | \$ _____ | or | _____ % |
| Fund | Account Number | | | of Charitable Gift Amount |
| _____ | _____ | \$ _____ | or | _____ % |
| Fund | Account Number | | | of Charitable Gift Amount |
| TOTAL: | | | \$ _____ | or _____ 100% |
| | | | | of Charitable Gift Amount |

C. Charitable Organization(s) Information

Charitable Organization (1):

Amount: _____ % of the distribution proceeds **OR** specific dollar amount of \$ _____

Name of Charity _____

Please choose one:

- Mail the check to my address currently on file. I will forward the check to the charity. **No Signature Guarantee Required.**
- Mail the check directly to the charity. Fill in the charity address below. **A Medallion Signature Guarantee is required.**

Attention _____

Address _____

City _____

State _____

Zip Code _____

Charitable Organization (2):

Amount: _____ % of the distribution proceeds **OR** specific dollar amount of \$ _____

Name of Charity _____

Please choose one:

- Mail the check to my address currently on file. I will forward the check to the charity. **No Signature Guarantee Required.**
- Mail the check directly to the charity. Fill in the charity address below. **A Medallion Signature Guarantee is required.**

Attention _____

Address _____

City _____

State _____

Zip Code _____

NOTE: If you have additional charity entries, please attach a letter of instruction to this form.

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Part 4
Certification and
Required Signature

I, the undersigned, authorize and request that UMB Bank, n.a., as custodian for my IRA, make the above distribution(s) from the account. I understand that I am responsible for determining that the minimum distribution requirement, if applicable, is met each year for my traditional IRA and that failure to meet this requirement may result in tax penalties. I acknowledge that the value of assets may change during the distribution process. I represent that this withdrawal request satisfies the requirements under Internal Revenue Code Section 408(d)(8) and understand that no tax withholding will be applied. I agree to indemnify and hold Dodge & Cox, Dodge & Cox Funds, SS&C GIDS, Inc., UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents harmless in this regard for elections I have made, and for any actions taken as a result of the information and instructions I have provided.



Signature of IRA Owner

____/____/____
Date

Refer to section 3.c. on this form for Medallion Signature Guarantee requirements.

Medallion Signature Guarantee

NOTE: A medallion signature guarantee may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association. Signature guarantees from financial institutions which do not participate in a Medallion program will not be accepted. A notary public cannot provide signature guarantees.