UNIVERSITY OF CENTRAL FLORIDA

Advancement | UCF Foundation, Inc.
12424 Research Parkway, Suite 250
Orlando, FL 32826-3208

# INSTRUCTIONS FOR DONOR TO IRA ADMINISTRATOR

_____
DATE

_____
IRA PLAN ADMINISTRATOR

_____
ADDRESS

_____
CITY STATE ZIP CODE

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

Dear Sir or Madam:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account # _____ pursuant Sec. 408(d)(8) of the Internal Revenue Code of 1986, and made permanent under the Consolidated Appropriations Act of 2016. I am 70 ½ years old or older.

Please issue a check in the amount of $ _____ payable to:
**The UCF Foundation (FEIN 59-6211832)**

And mail it to:
**Attn: Office of Gift Planning**
**The UCF Foundation, Inc.**
**12424 Research Parkway, Suite 250**
**Orlando, FL 32826-3208**

In your communication to The UCF Foundation, please include my name and address as listed below as the donor of record in connection with this transfer. Please copy me on your transmittal. If you have questions, please contact The UCF Foundation at 407.882.1220.

Thank you for your assistance in this matter.

Sincerely,

_____
PRINTED PLAN OWNER NAME

_____
ADDRESS

_____
CITY STATE ZIP CODE

_____
TELEPHONE NUMBER(S)

_____
E-MAIL ADDRESS