QUALIFIED CHARITABLE DISTRIBUTION REQUEST FORM

Use this form to request a Qualified Charitable Distribution ("QCD" or "IRA Rollover") from your IRA. Retirement plan participants or their beneficiaries who have attained age 70-1/2 or older may make tax-free distributions from a Traditional or Roth IRA and donate the amount distributed to an eligible tax-exempt charitable organization. The total of all QCDs for a single tax year cannot exceed \$100,000. The QCD amount can be used toward satisfying your Required Minimum Distribution ("RMD") for the tax year. The QCD will be reported to the IRS on form 1099-R as a normal distribution (Code 7) based on your age. You must document the tax-free qualification to the Internal Revenue Service on your federal income tax return. Please visit the IRS web site www.irs.gov, or contact a professional tax advisor for more information.

Please contact your Custodian to determine whether you need to indicate which investments should be liquidated to make this distribution, and whether a Medallion guarantee is required. Your custodian may require that its own forms be used to request this distribution.

Request to IRA Custodian:						
Mail, fax, or hand-deliver your request to:						
Company Name: Audubon Center of the North Woods						
Address: PO Box 530, 54165 Audubon Drive						
City: Sandstone State: Minnesota Zip code: 55072-0530						
Attention: Finance Manager						
I. Participant Information – You must be at least 70-1/2 years old to request a QCD.						
Name: Daytime Telephone:						
Account Number: Social Security Number:						
Date of Birth:						
Type of Account (excluding SEP or SIMPLE IRAs)						
Traditional/Rollover IRA Roth IRA						
Beneficiary inherited Traditional IRA Beneficiary inherited Roth IRA						
II. Distribution Instructions (Complete Sections A and B)						
A. Total Distribution Amount (Not to exceed the allowable limit of \$100,000)						
Use my calculated RMD amount but not more than \$100,000.						
Process a total distribution of \$						
I waive tax withholding on this distribution. (Any amounts withheld are reportable and taxable.)						

М	innesota nonprofit corpora	tion:			
1.	Amount: \$	or	% of the distribution	proceeds to:	
	Jolene Palme				
	Audubon Center of the N	orth Woods			
	P.O. Box 530				
	54165 Audubon Drive				
	Sandstone, MN 55072				
	EIN:				
Or	transfer directly to the acc	ount of the abo			
	Bank:				
	Routing Number:				
	Account Name:Account Number:				
	Representative contact na				
III.	Participant Authorization	1			
•	at I am the Participant auth uthorize the Custodian to re			•	true and accurate
		•			
Participant's signature:		Date:		_	

B. Please mail or transfer the distribution to the Audubon Center of the North Woods, a