

Qualified Charitable Distribution Request



A fund family of Everence

Use this form to request a Qualified Charitable Distribution ("QCD") from your Traditional or Roth IRA. Please complete and send this form to:

Regular mail

Praxis Mutual Funds
 c/o U.S. Bancorp Fund Services LLC
 P.O. Box 701
 Milwaukee, WI 53201-0701

Overnight mail

Praxis Mutual Funds
 c/o U.S. Bancorp Fund Services LLC
 615 E. Michigan St., 3rd Floor
 Milwaukee, WI 53202-5207

Retirement plan participants, who have attained age 70½ 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 "IRS" on your Federal income tax return (Form 1040). Please visit the IRS web site irs.gov, or contact a professional tax advisor for more information. If you have any questions, please call Shareholder Services at (800) 977-2947. Failure to complete any portion of this form will delay processing of your request.

1. Participant information (You must be at least 70½ years old to request a Qualified Charitable Distribution)

 Name Daytime telephone

 Fund/account number Social Security number

 Birth date

Type of account (Certain distributions from SEP and SIMPLE IRAs may also qualify. Please talk with your tax advisor for more information): Traditional/Rollover IRA Roth IRA SEP-IRA SIMPLE IRA

2. Distribution instructions (Complete sections A and B)

The total of all Qualified Charitable Distributions for a single tax year cannot exceed \$100,000. The Qualified Charitable Distribution must be distributed by the last business day of the calendar year (postmarks do not apply).

A. Distribution amount: (Amount cannot exceed \$100,000. Select either 1, 2, or 3)

- 1) Use my calculated RMD amount - If the calculated amount exceeds the \$100,000 limit, your request will be rejected.
- 2) Liquidate entire account - If the account balance exceeds the \$100,000 limit, your request will be rejected.
- 3) Process a partial distribution of \$_____

Note: Federal tax withholding is not required from a QCD and will not be withheld from the distribution amount.

B. Distribution method

- Distribute proportionately across all funds, (or)
- Distribute as indicated below:

| | | |
|-----------------------|--------|---------------|
| _____ | _____ | _____ |
| Fund | Amount | or Percentage |
| _____ | _____ | _____ |
| Fund | Amount | or Percentage |
| _____ | _____ | _____ |
| Fund | Amount | or Percentage |
| Total amount: \$_____ | | Total 100% |

3. Payment and mailing instructions

We reserve the right to reject requests for more than four charities. A signature guarantee is required. Please contact us at the number listed at the top of this form for requirements.

Charitable organization

Amount: _____ % of the distribution proceeds (or) specific dollar amount \$ _____

Name of charity

Attention

Address

City

State

Zip

Choose one: Mail to my address currently on file. I will forward the proceeds to charity.

Mail directly to the charity.

If no selection is made, we will mail the check to the charity.

Charitable organization

Amount: _____ % of the distribution proceeds (or) specific dollar amount \$ _____

Name of charity

Attention

Address

City

State

Zip

Choose one: Mail to my address currently on file. I will forward the proceeds to charity.

Mail directly to the charity.

If no selection is made, we will mail the check to the charity.

Check this box if you have attached a request for additional charities.

4. Participant authorization

I certify that I am the Participant authorized to make this election and that all information provided is true and accurate. I further certify that the Custodian, the Sponsor, Fund, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. U.S. Bancorp is hereby authorized and directed to distribute funds from my account in the manner requested and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Participant's signature

Date

Signature guarantee

A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "signature guaranteed" must be stamped or typed near your signature. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. **Please note that a Notary Public Seal or Stamp is not acceptable.**