

IRA Gift Instructions for Direct QCD Gift to a Qualified Charity

Live Oaks Community Church Tax ID Number: 80-0764435

To: IRA CUSTODIAN: _ ADDRESS: _	Date:/	
	request to make a Qualified Charitable Distribution (QCD) from count (IRA) #	
-	r of an IRA or Roth IRA who is 70 ½ or older to make a QCD talified charity such as LIVE OAKS COMMUNITY CHURCH. with this matter.	
OAKS OPlease to	community church. ransfer the following securities to LIVE OAKS COMMUNITY CH:	
Instructions for cash transfers: Issue check payable to LIVE	Instructions for DTC transfers if transferring securities:	
OAKS COMMUNITY CHURCH LIVE OAKS COMMUNITY CHUR ATTN: Victoria Michaud 11962 CR 101, STE 302 The Villages, FL 32162	Clearing Firm: Fidelity Investments. DTC Number: 0226 Account Name: Live Oaks Community Church Account Number: Z73-266426 Branch Address: 1057 Lake Sumter Landing, The Villages, FL 3216 Branch Phone: (352) 205-8836 My Donor Name:	
Sincerely,		
Donor's Name (please print)	Signature:	
Address:	City:	
State: Zip Code: P	hone: Email:	
	Michaud - Live Oaks Community Church 46-3975 victoria@liveoakschurch.org	



Notification to LOCC to expect a QCD Gift from IRA

Victoria Michaud Live Oaks Community Church 11962 CR 101, STE 302 The Villages, FL 32162

Dear Ms Michaud:

Date _____

	able Distribution (C	todian of my Individual Retirement Account QCD) from my IRA to Live Oaks Community gift are described below.	
IRA Plan Custodian Name:	_		
Distribution Amount by che	eck: \$		
If stock, please watch for the following securities to LOCC transferred by DTC (please specific shares, company, and approx. value):			
Please use my gift to strengthen the the following way(s):	ministries of LIVE	OAKS COMMUNITY CHURCH by distributing it in	
\$ for			
		y with the QCD requirements of Section 408(d) (8) of the aim a charitable income tax deduction for my IRA gift.	
acknowledgement that includes the isstatement confirming that no goods	following: (1) infor or services were tra	f my IRA, please send me a contemporaneous written mation about the amount / value of my gift; (2) a insferred to me in consideration for this gift; and (3) that sed fund, supporting organization or charitable gift	
If you have any questions concerning	g my gift or this let	ter, please let me know.	
Sincerely,			
Donor's Name (please print):		Signature:	
Address:		City:	
State: Zip Code:	Phone:	Email:	