**IRA CHARITABLE ROLLOVER LETTER OF INSTRUCTION**

**Complete and Submit to IRA Administrator**

IRA Trustee/Plan Administrator Name:

Address:

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

Dear Sir or Madam:

Please accept this letter as my direction to make a direct distribution from my I.R.A. as follows:

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distribution Amount: $

Issue and Mail To: **The Binyamin Medical Center Foundation**

Tax ID Number: 20-5052487

492 Cedar Lane, Suite 184. Teaneck, NJ 07666

*In your transmittal, (or as a notation on your check), please include my name and address as the donor of record in connection with this transfer and copy me on your transmittal. To process a wire transfer, call BMC at 914-368 5212 for instructions.*

*Please process this request as soon as possible. It is my intention to elect to make this transfer so that it will qualify for exclusion from my income as a direct charitable distribution. Thank you.*

 *(Year)*

Donor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 914.3685212 Info@Binyaminmedicalcenter.org www.BMC.org