Sample Charitable Rollover Request to Plan Administrator:

| Date | | |
|--|-----------|---|
| Contact info: | | |
| · · · | | a qualified charitable distribution from my individual as provided by the Protecting Americans from Tax |
| Please issue the distribution in the | ne amour | nt of \$ to the Delaware Art Museum. |
| Distribution by CHECK Mail to: | OR | Distribution by WIRE TRANSFER Beneficiary bank: WSFS Bank |
| Delaware Art Museum Attn: Molly Giordano 2301 Kentmere Parkway Wilmington, DE 19806 Fax: 302.571.0220 | | Account name: Delaware Art Museum Routing #: 031100102 Account #: 210590386 |
| In your transmittal to the Delaware Art Museum, please indicate my name as the IRA owner of record in connection with this transfer. | | |
| For your reference, the Federal 7 0065746. | Γax Ident | tification number for the Delaware Art Museum is 51- |
| | | HONE/EMAIL HERE] should you have any further NAL: It is my intention for this distribution occur on or |
| Sincerely, | | |
| [INSERT NAME & SIGNATUR | RE] | |
| Delaware Art Museum, please de | esignate | my gift as follows: |
| | | |

cc: Molly Giordano, Delaware Art Museum, 2301 Kentmere Parkway, Wilmington, DE 19806. Phone: 302-351-8515 | Fax: 302.571.0220 | Email: majordano@delart.org