

Tweedy, Browne Fund INC.

QUALIFIED CHARITABLE DISTRIBUTION REQUEST FORM

Use this form to request a Qualified Charitable Distribution ("QCD") from your IRA or beneficiary inherited IRA. Retirement plan participants or their beneficiaries 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 www.irs.gov, or contact a professional tax advisor for more information.

I. PARTICIPANT INFORMATION – You must be at least 70 ½ years old to request a Qualified Charitable Distribution.

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)

The total of all Qualified Charitable Distributions for a single tax year cannot exceed \$100,000.

A. Distribution Amount: (Not to exceed the allowable limit of \$100,000.)

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

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%

III. **PAYMENT AND MAILING INSTRUCTIONS** – We reserve the right to reject requests for more than four charities. **\*Mailing proceeds to a charitable organization that is not already on file requires a Medallion Signature Guarantee Stamp “MSG Stamp”.** Please contact us at the number listed at the bottom 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 the charity.

Mail directly to the charity. (**\*MSG Stamp**)

**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 the charity.

Mail directly to the charity. (**\*MSG Stamp**)

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

**IV. 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 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. The Custodian 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. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry.

**X**

**Participant's Signature:**

**Date:**

\* Medallion Signature Guarantee Stamp and Signature: (If required under the terms of the prospectus) An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

\* Medallion Signature Guarantee Stamp

**Mail to the following:**

**First Class Mail:**

Tweedy, Browne Fund Inc.  
P.O. Box 534468  
Pittsburgh, PA 15253-4468  
1-800-432-4789

**Overnight Mail:**

Tweedy, Browne Fund Inc.  
Attention: 534468  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262