



Foundation

Sample Bequest Language

I give and bequeath ___% of my estate or \$ _____ to IU Health Foundation, Inc. (Tax ID #35-6043086) for the benefit of IU Health Methodist Hospital's (designate specific clinical area, program, equipment, etc.) or to IU Health Methodist Hospital's area of greatest need.

Sample Trust Language

Upon my death my trustee shall make a distribution to IU Health Foundation, Inc. (Tax ID #35-6043086) in the amount of \$ _____ or _____% for the benefit of IU Health Methodist Hospital's (designate specific clinical area, program, equipment, etc.) or to IU Health Methodist Hospital's area of greatest need.

Sample Retirement Fund/IRA Beneficiary-Designation Language.

Please complete a beneficiary-designation form provided by your plan administrator and use the following sample beneficiary-designation language:

I give or designate ___% of my IRA, account # _____, or \$ _____ of my IRA, account number _____, or all of my IRA, account number _____, (or other retirement account type) to IU Health Foundation, Inc. (Tax ID #35-6043086) for the benefit of IU Health (Insert Hospital name, e.g., Arnett, Adult Academic Health Center, Bloomington Regional Health Center, etc.) _____ program (or to the area of greatest need).

For a system-wide gift:

I give or designate ___% of my IRA, account # _____, or \$ _____ of my IRA, account number _____, or all of my IRA, account number _____, (or other retirement account type) to IU Health Foundation, Inc. (Tax ID #35-6043086) to IU Health, Inc. for the benefit of (a particular system-wide program) _____ (or to the area of greatest need).

IRA Distribution Caveat; Qualified Distributions (QCD) for Individuals 70½ Years of Age or Older.

There is an IRS Caveat regarding IRA rollovers that count as qualified charitable distributions.
CAVEAT: IRA ROLLOVER CANNOT COME DIRECTLY TO A SECTION 509(a)(3) SUPPORTING ORGANIZATION.

IU Health Foundation, classified as a 501(c)(3) charity and a 509(a)(3) supporting organization, does not qualify to receive a QCD directly. Instead, the money is paid to IU Health, Inc. IU Health, Inc. then gives it back to the Foundation for the donor's intended purpose.

To make a qualified charitable distribution to IU Health, Inc., make your check payable to Indiana University Health, Inc. and send it in care of AJ Hillhouse, IU Health Foundation, 1633 N. Capitol Ave, Suite 1200, Indianapolis, IN 46202. Your gift will support the program or service area of your choice or the area of greatest need, however you designate the same.

Sample Insurance Beneficiary-Designation Language.

Please complete a beneficiary-designation form provided by your insurance company and use the following sample beneficiary designation language:

I designate ___%, or \$ _____, or all of policy number _____ to IU Health Foundation, Inc. (Tax ID #35-6043086) as my primary (or contingent) beneficiary for the benefit of IU Health (Insert Hospital name, e.g., Arnett, Adult Academic Health Center, Bloomington Regional Health Center, etc.) _____ program (or area of greatest need).

For an IU Health, Inc. system-wide designation:

I designate ___%, or \$ _____, or all of policy number _____ to IU Health Foundation, Inc. (Tax ID #35-6043086) as my primary (or contingent) beneficiary for the benefit of (a particular system-wide program) _____ (or to the area of greatest need).

POD and TOD designations.

Please complete a beneficiary-designation form provided by your bank, brokerage, or investment company to complete a "Pay-on-Death" (POD) or "Transfer-on-Death" (TOD) form and use the following sample beneficiary-designation language:

I designate IU Health Foundation, Inc. (Tax ID #35-6043086) as my pay-on-death or transfer-on-death beneficiary to receive ___%, or \$ _____, or all of _____ bank, brokerage, or investment company account number _____ for the benefit of IU Health (Insert Hospital, e.g., Arnett, Adult Academic Health Center, Bloomington Regional Health Center, etc.) _____ program (or area of greatest need).

For an IU Health, Inc. system-wide designation:

I designate IU Health Foundation, Inc. (Tax ID #35-6043086) as my pay-on-death or transfer-on-death beneficiary to receive ___%, or \$ _____, or all of _____ bank, brokerage or investment company account number _____ for the benefit of (a particular system-wide program) _____ (or to the area of greatest need).

The information provided above is suggested only. It is not intended to be professional tax or legal advice. Please consult your lawyer and tax advisor about your charitable intent.

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