DATE:				
TO:	Contact person i Company - IRA Address City, State & Zip	Custodian		- - -
			nd Sec. 408(d)(8) of the Intern from an IRA to a qualified pub	
As the own	er of IRA account	tuan tantun tuan that a same	that is in the cust	tody of your
organizatio	n, i request that you	transfer from that accour	nt the sum of:	
	<u> </u>	<u> UnityPoint Health – Des</u>	Moines Entities	
			\$	to
Des Moine Treasury T	dland Avenue, E-200 s, IA 50309 ax ID Number 42-14 designated for:	167682		
UnityPoint minimum d	Health-Des Moines listribution for this ye	Foundation), from my IRA ear.	tion (QCD) to lowa Health Fou A, which may fulfill part or all o QCD gift. However, if you req	f my IRA required
Name of IR	24 Owner	Address		
14dillo Oi IIV	a Cownor	, (dd) 633		
Phone		City State & Zip		