



Pacific Union Conference of Seventh-day Adventists
c/o Western Adventist Foundation
8767 East Via De Ventura, Suite #300
Scottsdale, Arizona 85258
Ph: (602) 220-0042 Fax: (602) 220-0041

CHARITABLE GIFT ANNUITY APPLICATION

1st Individual:

Donor: _____ and Payment Recipient: _____ Gender: M: ___ F: ___

Name: _____ Birth Date: _____

Address: _____ Soc. Sec. #: _____

City: _____ State: _____ Zip: _____ Phone: _____

2nd Individual: (If Applicable)

Donor: _____ and/or Payment Recipient: _____ Gender: M: ___ F: ___

Name: _____ Birth Date: _____

Address: _____ Soc. Sec. #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Marital Status: _____

I/We HEREBY DECLARE that it is my/our desire to obtain a charitable gift annuity from the PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS with the following provisions:

1. Gift Amount: _____ Joint Funds: _____ Separate Funds: _____

2. Type of Annuity (complete one): (Deferred annuities earliest payout is one year after the date of gift)

a. Begin Payments Immediately: _____

b. Deferred Standard: _____ Initial Payout Year: _____

c. Deferred Flexible: _____ Target Payout Year: _____

3. Payout Rate: _____

4. Payout Frequency: Monthly: ___ Quarterly: ___ Semi-Annual: ___ Annual: ___

5. Preferred Ministry/Project: _____

6. I/We would like information regarding this gift to be shared with the preferred ministry during my/our lifetime. Yes: ___ No: ___

