



Western Adventist Foundation
8767 East Via De Ventura, Suite #300
Scottsdale, Arizona 85258
Ph: (602) 220-0041 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 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 WESTERN ADVENTIST FOUNDATION 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: ___

Processing Information:

1. At funding the highest AFR rate is assumed to provide the highest charitable deduction to the donor(s). If you would prefer the lower rate to provide a higher tax free payment but lower deduction please indicate in the space provided.
2. Deferred Flexible Annuities assume a range of 10 years around the target date selected. Please indicate in the space provided if you would like a different range of years.

Additional Information:

I/WE FURTHER DECLARE that:

1. I/We understand this gift is irrevocable, that it will be paid to me/us during my/our lifetime, and that it will terminate with the last payment prior to my/our death.
2. After making the donation for this gift annuity, I/we have adequate income and assets to provide for my/our living expenses.
3. I/We are not entering into this annuity agreement to become eligible for any type of public assistance including but not limited to Medi-Cal or Medicaid.
4. I/We understand that annuity funds received without a signed contract will be deposited into a money market account and will only be placed into the reserve fund or permanent investment upon receipt of the signed contract.
5. I/We understand that fees for management of this charitable gift annuity will be deducted before the designated charity receives the remainder gift.
6. All of the foregoing statements made by me/us to obtain said gift annuity, and are complete, true and correct, and I/we understand that the Western Adventist Foundation, believing them to be such, will rely and act on them.

1st Donor Signature

2nd Donor Signature (If Applicable)

Witness

Dated at _____ on the _____ day of _____ 20____
City/State

Disclosure Statements

Arizona Residents:

This disclosure is being made pursuant to Arizona Revised Statutes Section 20-119. Your gift annuity will be arranged and administered by the Western Adventist Foundation (WAF). WAF is located at 8767 East Via De Ventura, Suite #300, Scottsdale, Arizona, 85258. WAF was incorporated in the State of California April 14, 1997 by the Pacific Union Conference of Seventh-day Adventists. WAF is a subsidiary of the Pacific Union Association of Seventh-day Adventists and was created to provide centralized trust management and irrevocable planned giving services to other Adventist organizations.

Upon Written request we will make available to you additional financial information. This information shall include the most current audited interim financial statements.

A Charitable Gift Annuity is not insurance under the laws of Arizona, is not subject to regulation by the Director of the Arizona Department of Insurance, and is not protected by any state guaranty fund. The State and Department of Insurance have not approved or disapproved of the charitable gift annuity being offered and have not determined whether any of the information provided to the donor is truthful or complete.

Oklahoma Residents:

A Charitable Gift Annuity is not regulated by the Oklahoma Insurance Department and is not protected by a guaranty association affiliated with the Oklahoma Insurance Department.

South Dakota Residents:

Charitable Gift Annuities are not regulated by and are not under the jurisdiction of the South Dakota Division of Insurance.