

Charitable Gift Annuity Application

Phone: (602) 220-0042 Fax: (480) 508-7810 Toll Free: 1 (866) 356-5595 Email: Info@wafsda.org The Pacific Union Conference of Seventh-day Adventists c/o Western Adventist Foundation

MAILING ADDRESS: PO Box 15430, Scottsdale, AZ 85267 FEDEX: 13825 N Northsight Blvd. Bldg. A-201, Scottsdale, AZ 85260

Instructions: Please write carefully with a blue or black pen.

1st Individual:						
Donor:			Birth Date:			
Address:		Soc. Sec. #:				
City:	State:	Zip:	Phone:			
Marital Status:	Payment Recipient (Y/N)?		Gender M:	F:		
Email address:						
2 nd Individual: (If Applicable)						
Donor:			Birth Date:			
Address:			Soc. Sec. #:			
City:	State:	Zip:	Phone:			
Marital Status:	_ Payment Recip	pient (Y/N)?	Gender M:	F:		
Email address:						
Agreement Provisions I/We HEREBY DECLARE that i CONFERENCE (PUA) with the	•		table gift annuity from the	e PACIFIC UNION		
What type of annuity is being crea ☐ Immediate (earliest start payr ☐ Deferred (standard) initial payr	ment date)	□ Def	erred (flexible) target pay	out year		
What is the Annuity Gift Amount ☐ These are separate funds ☐ These are joint funds (if spou		ciary, please incl	ude or request a spousal c	onsent form)		
What is the Annuity Payout Rate: *Percentage is located on your C			0%			
What is the Annuity Payout Freque ☐ Monthly ☐ Quarterly	•	-Annually (June &	& December)	nnually (December)		
What is your preferred ministry/p *Attach Proof of Donore		necessary. Please	e contact your developme	nt officer for details.		

Processing & Additional Information from PUA/WAF:

City/State

- The Donor is responsible for communicating in writing any preferences regarding notification and any final use of funds to the charitable remainder beneficiaries in the space for "additional information from donor", below.
- At funding, the highest Applicable Federal Rate (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 this in the space for "additional information from donor", below.
- 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.
- The actual start of payments is dependent upon receipt of the properly executed CGA agreement along with the funding specified on the previous page. Any missed payments/pro-rata payment will be made upon the execution of the agreement by all parties.

Additional Information from Donor:							
_							
/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 am 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.							
No	o legal advice is provided, and individuals show		·				
1 st	^t Individual Signature		2 nd Individual Signature	(if applicable)			
$\overline{\mathbf{W}}$	itness		Development Officer &	ORG (if applicable)			
Da	ated at	on the	day of	20			