Charitable Gift Annuity Application

Phone: (602) 220-0042
Fax: (480) 508-7810
Toll Free: 1 (866) 356-5595
Email: Info@wafsda.org

Western Adventist Foundation is a Seventh-day Adventist Trust Management Corporation (WAF)
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: _____

2nd Individual: (If Applicable)

Donor: _____ Birth Date: _____

Address: _____ Soc. Sec. #: _____

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

Marital Status: _____ Payment Recipient (Y/N)? _____ Gender M: _____ F: _____

Email address: _____

Agreement Provisions
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:

What type of annuity is being created?

☐ Immediate (earliest start payment date)
☐ Deferred (standard) initial payout year _____ ☐ Deferred (flexible) target payout year _____

What is the Annuity Gift Amount? $

☐ These are separate funds
☐ These are joint funds (if spouse is not a beneficiary, please include or request a spousal consent form)

What is the Annuity Payout Rate? _____ %
**Percentage is located on your CGA illustration*

What is the Annuity Payout Frequency?

☐ Monthly ☐ Quarterly ☐ Semi-Annually (June & December) ☐ Annually (December)

What is your preferred ministry/project? _____

**Attach Proof of Donor(s) Residency if necessary. Please contact your development officer for details.*

Processing & Additional Information from WAF:

- 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:

_____

_____

_____

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 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. All of the foregoing statements made by me to obtain said gift annuity are complete, true and correct, and I/We understand that the Pacific Union Conference of Seventh-day Adventists, and its managing agent, Western Adventist Foundation, believing them to be such, will rely and act on them.

No legal advice is provided, and individuals should seek the advice of their own legal counsel.

_____ _____

1st Individual Signature 2nd Individual Signature (if applicable)

_____ _____

Witness Development Officer & ORG (if applicable)

Dated at_____ on the_____ day of_____ 20_____

City/State