



## Legacy CGA Application (2026)

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.

### Donor Information:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Is Donor a Payment Recipient (Y/N)? \_\_\_\_\_ Gender M: \_\_\_\_\_ F: \_\_\_\_\_

Email address: \_\_\_\_\_

### Spouse Information: (If Applicable)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Is Spouse a Payment Recipient (Y/N)? \_\_\_\_\_ Gender M: \_\_\_\_\_ F: \_\_\_\_\_

### Agreement Information:

1. Payout Rate: \_\_\_\_\_ % Amount: \_\_\_\_\_ (max \$55,000)

2. Payout Frequency: Monthly: \_\_\_\_\_ Quarterly: \_\_\_\_\_ Semi-Annually: \_\_\_\_\_ Annually: \_\_\_\_\_

3. Preferred Ministry/Project: \_\_\_\_\_

\*Attach Proof of Residency if necessary. Please contact your development officer for details.

### Entity Information:

1. If you are using entity information for Pacific Union Conference, please use 95-1816033 as the tax identification number (TIN/EIN) to complete the QCD from your IRA custodian.
2. If you are using entity information for Western Adventist Foundation, please contact WAF for the appropriate TIN/EIN to complete the QCD from your IRA custodian.
3. If you live in Washington, Alabama, or Maryland, Western Adventist Foundation does not currently issue CGAs in your state.

#### WAF USE ONLY

Check Review \_\_\_\_\_ Donor Eligibility \_\_\_\_\_ Qualifying Payout Rate \_\_\_\_\_ File # \_\_\_\_\_

Reviewer \_\_\_\_\_ Client/Entity \_\_\_\_\_ Dev Org \_\_\_\_\_ Date \_\_\_\_\_

**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, flex, and flex deferred elections are not available for Legacy CGAs.
- The start of payments is dependent upon receipt of the properly executed Legacy CGA agreement *and* the QCD funds from your IRA custodian. Any missed payments/pro-rata payment will be made upon receipt of the signed contract.

**Additional Information from Donor:**

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**I FURTHER DECLARE that:**

1. I am funding this charitable gift annuity with assets from an ***Individual Retirement Account*** (IRA), and not from another type of retirement plan, such as a 401(k), 403(b), pension account, etc.
2. I 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.
3. After making the donation for this gift annuity, I have adequate income and assets to provide for my/our living expenses.
4. I 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.
5. I 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.
6. I understand that fees for management of this charitable gift annuity will be deducted before the designated charity receives the remainder gift.
7. All of the foregoing statements made by me to obtain said gift annuity are complete, true and correct, and I 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. Do not use this application form after December 31, 2026.

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Donor Signature

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Witness

Development Officer (if applicable)

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
City/State