



Legacy CGA Application (2026)

Phone: (602) 220-0042
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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.

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 Western Adventist Foundation, please use 77-0471622 as the tax identification number (TIN/EIN) to complete the QCD from your IRA custodian.
2. If you live in California or Hawaii and Western Adventist Foundation is your entity, 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:

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.
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.
2. After making the donation for this gift annuity, I have adequate income and assets to provide for my/our living expenses.
3. 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.
4. 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.
5. I 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 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.

Donor Signature

Witness

Development Officer (if applicable)

Name: _____

Contact Info: _____

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