

**North Pacific Union Conference of Seventh-day Adventists**  
**c/o Western Adventist Foundation**  
**P.O. Box 15430**  
**Scottsdale, Arizona 85267**  
**Ph: (602) 220-0042 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: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**2nd Individual: (If Applicable)**

Donor: \_\_\_\_\_ and/or 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 NORTH PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS 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: \_\_\_\_\_

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

**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 North Pacific Union Conference of Seventh-day Adventists, 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 Donor Signature

\_\_\_\_\_  
2nd Donor Signature (If Applicable)

\_\_\_\_\_  
Witness

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