

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 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 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 Donor Signature

2nd Donor Signature (If Applicable)

Witness

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