



## APPLICATION FOR ONE-LIFE GIFT ANNUITY

I wish to give irrevocably to Friends of Yad Sarah, Inc., as a gift/investment under its Yad Sarah Gift Annuity Program, the sum of \$ \_\_\_\_\_ in cash and/or the following property:

Marketable Securities Only: \_\_\_\_\_ Cost Basis: \_\_\_\_\_

### ANNUITANT INFORMATION

Annuity payments are to be made to the Annuitant:

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

MALE

FEMALE

\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY)

Attached is a copy proving age of the annuitant:

Birth Certificate copy

Expired Passport

Other: \_\_\_\_\_

### PAYMENT INFORMATION

Payment Directions are as follows:

**MAIL TO THE FOLLOWING ADDRESS:**

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**DEPOSIT DIRECTLY TO THE FOLLOWING ACCOUNT:**

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
BANK ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
ACCOUNT NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
ABA ROUTING NUMBER

\_\_\_\_\_  
BANK CONTACT NAME

\_\_\_\_\_  
PHONE NUMBER

### DONOR INFORMATION

\_\_\_\_\_  
NAME OF DONOR

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

Continued on next page >>

## OTHER CONTACT (BESIDES DONORS)

NAME	RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	E-MAIL		

## GIFT ANNUITY OPTIONS

Check one gift annuity option.

**FOR A CURRENT ANNUITY**, payments will begin on the last day of the calendar quarter following execution of the gift annuity agreement.

I request that annuity payments be paid  quarterly  semi-annually  annually

**FOR A DEFERRED ANNUITY**, payments will begin on the last day of the calendar quarter following the date the Annuitant arrives at age 65 **or** on the last day of \_\_\_\_\_, 20\_\_\_\_\_.

I request that annuity payments be paid  quarterly  semi-annually  annually

**I understand that payments will continue throughout the lifetime of the Annuitant. The last payment will be made on the last regular payment date preceding the death of the Annuitant.**

SIGNATURE OF DONOR

DATE

