



APPLICATION FOR TWO-LIFE GIFT ANNUITY

I/We 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 Annuitants:

ANNUITANT #1

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: _____

ANNUITANT #2

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

Continued on next page >>

DONOR INFORMATION

DONOR #1

NAME OF DONOR

PHONE NUMBER

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP

DONOR #2

NAME OF DONOR

PHONE NUMBER

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP

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/We 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 first Annuitant arrives at age _____ **or** on the last day of _____, 20_____.

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

I/We understand that payments will continue throughout the lives of both Annuitants. The last payment will be made on the last regular payment date preceding the death of the last Annuitant to die.

SIGNATURE OF DONOR

DATE

SIGNATURE OF DONOR

DATE



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