

No. \_\_\_\_\_

**FRIENDS OF YAD SARAH, INC.**

**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 (if property):**

Annuity payments are to be made to the Annuitant:

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Payment Directions are as follows:

\_\_\_ mail to the following address: \_\_\_\_\_

\_\_\_ deposit directly to the following account:

Bank \_\_\_\_\_ Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_ ABA# \_\_\_\_\_

Account No. \_\_\_\_\_ Account Title \_\_\_\_\_

Name of Donor: \_\_\_\_\_ Phone: \_\_\_\_\_

SS # \_\_\_\_\_ Address: \_\_\_\_\_

I have attached the following as proof of the ages of Annuitant:

Annuitant #1: Birth Certificate copy \_\_\_\_\_ Expired passport \_\_\_\_\_ Other \_\_\_\_\_

**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 \_\_\_\_\_