

GIFT ANNUITY APPLICATION
NEWTON COMMUNITY & HEALTHCARE FOUNDATION

600 Medical Center Drive, P.O. Box 548, Newton KS 67114 (316) 804-6006

I hereby apply for a Gift Annuity to be issued in the

Name of _____ Birthdate _____
Address _____ SS# _____

And (complete only if a Two-Life Gift Annuity is desired)

Name of _____ Birthdate _____
Address _____ SS# _____

and do hereby make a gift of _____ DOLLARS, and/or
_____ (*securities, farm, or residence).

to NEWTON COMMUNITY & HEALTHCARE FOUNDATION,

A Kansas not-for-profit corporation, fully empowered to invest same and to change investments from time to time, said principal sum and the income therefrom to be held by Newton Community & Healthcare Foundation and distributed for the use and benefit of the 501(c)(3) charitable agencies and institutions, as follows:

Newton Community & Healthcare Foundation reserves the variance powers defined in its Articles of Incorporation, Paragraph 3-1-F, which allow it to modify any restriction or condition on the distribution of funds for any specific charitable purpose or to any specified organization if, in the sole judgment of the NCHF board of trustees, such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or is inconsistent with the charitable needs of the community or area served.

And, upon the following conditions:

1. That Newton Community & Healthcare Foundation shall execute a Gift Annuity Agreement, agreeing to pay the named annuitant(s) during lifetime, interest on the above gift at the rate of _____% per annum, payable semi-annually, or at other intervals if herewith designated.
2. It is further agreed that this is an irrevocable gift and, upon the death of the above-named annuitant(s), the gift shall become absolute and unconditional, and that the Gift Annuity Agreement executed by Newton Community & Healthcare Foundation shall upon distribution of funds to designated beneficiary(ies) be cancelled, and shall be no longer of any effect, and thereafter Newton Community & Healthcare Foundation shall be released from any further payment whatsoever, and no claim of any kind whatsoever shall exist in favor of the heirs or legal representatives of said annuitant or donor.
3. Donor has reviewed the Charitable Gift Annuity Disclosure Statement on the reverse side.

(Signature of Donor) _____ Date _____

(Signature of Annuitant if other than Donor) _____ Date _____

(Signature of NCHF Executive Director) _____ Date _____

(Signature, NCHF Officer) _____ Date _____

- If funded with securities, personal residence, or farm, a description of the asset is to be attached.
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Newton Community & Healthcare Foundation Charitable Gift Annuity Disclosure Statement

With a Charitable Gift Annuity, you simultaneously make a charitable gift and provide guaranteed payments for life to yourself and / or another person. The fact that you are making a charitable gift may entitle you to income, gift, and estate tax deductions.

The Charitable Gift Annuity is a contractual agreement between Newton Community & Healthcare Foundation and the donor/annuitant. All gifts to Newton Community & Healthcare Foundation for a Charitable Gift Annuity are irrevocable. Withdrawals from the Charitable Gift Annuity are not permitted.

The Charitable Gift Annuity is managed as pooled investment, meaning all gifts to establish a Charitable Gift Annuity may be commingled and invested solely for the purpose of meeting the required payments as described in the Charitable Gift Annuity agreement between Newton Community & Healthcare Foundation and it's donors.

The investment of the Charitable Gift Annuity is managed by the Finance / Investment Committee. This committee is elected annually by the Board of Trustees of Newton Community & Healthcare Foundation, which was established in 1994. The Board of Trustees is comprised of 15 area leaders elected to three-year terms by the Board.

Because a charitable gift is involved, the annuity rates offered by Newton Community & Healthcare Foundation are lower than those available through commercial annuities offered by insurance companies and other financial institutions. The recommended payout rates are determined by the Finance / Investment Committee. Several factors are considered including, but not limited to, current interest rates, rates recommended by the American Council on Gift Annuities, and expected rates of return.

These payments are a general obligation of our organization, and they are backed by all of our assets. At December 31, 2000, our total invested funds exceeded \$4,500,000, and they are invested in a portfolio of stocks, bonds, money market funds, certificates of deposits, federal obligations and interest bearing accounts.

Common investment funds managed by our organization are exempt from registration requirements of the federal securities laws, pursuant to the exemption for collective investment funds and similar funds maintained by charitable organizations under the Philanthropy Protection Act of 1995 (Public Law 104-62). Information in this disclosure letter is provided to you in accordance with the requirements of that Act.

We would be pleased to provide any additional information at your request.

Sincerely,

Loren D Friesen
Executive Director

December 2000