

**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.
- ☐ H:Develop\Forms\annuiap2.doc; 02/26/2001