



Do No Harm

APPLICATION FOR CHARITABLE GIFT ANNUITY

YOUR CHARITABLE GIFT ANNUITY

Your Charitable Gift Annuity is established through our partnership with the National Gift Annuity Foundation (NGAF). You enter into a contract directly with NGAF – the country’s largest independent charitable gift annuity provider – while the charitable remainder fully benefits Do No Harm.

This structure delivers several important advantages for you:

UNMATCHED SECURITY

Your lifetime income payments are backed by NGAF’s substantial assets exceeding \$1 billion, providing rock-solid guarantees that continue even in the unlikely event Do No Harm were to dissolve.

MAXIMUM DONOR CONTROL

NGAF offers flexible options including deferred payments and revocable designations, giving you the maximum freedom to adjust your plans.

LASTING IMPACT PLUS VALUABLE BENEFITS

You receive fixed payments for life, a partial immediate tax deduction, potential tax-free income portions, and the satisfaction of creating a meaningful legacy by supporting Do No Harm’s mission.



Do No Harm

EIN #87-4701865

NATIONAL GIFT
Annuity Foundation

THE COUNTRY’S LARGEST INDEPENDENT CHARITABLE GIFT ANNUITY POOL

EIN #94-2833444

DONOR INFORMATION

PRIMARY DONOR (Account Holder)

Name: _____ SS#: _____
Birthdate: _____ Phone: _____ Email: _____
Address: _____ City, State, Zip: _____

SECONDARY DONOR (If Jointly Owned Non-IRA Assets)

Name: _____ SS#: _____
Birthdate: _____ Phone: _____ Email: _____

ASSETS FUNDING YOUR GIFT ANNUITY

Checks should be made payable to: National Gift Annuity Foundation

CASH GIFTS

Gift Amount: \$ _____ Check No.: _____ Check Date: _____

IRA/QCD ROLLOVER

(If you have an existing IRA Gift Annuity, please contact us before moving forward)

Gift Amount: \$ _____ Check No.: _____ Check Date: _____

IRA Brokerage Company: _____ IRA Account No.: _____

MARKETABLE SECURITIES

(Stocks, Bonds and Mutual Funds. Please see the last page for Transfer Instructions.)

Estimated Market Value: _____ Cost Basis: _____ Acquisition Date: _____

Asset(s) Being Gifted: _____ Number of Shares: _____

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Asset(s) Being Gifted: _____ Number of Shares: _____

Estimated Market Value: _____ Cost Basis: _____ Acquisition Date: _____

Asset(s) Being Gifted: _____ Number of Shares: _____

REAL ESTATE

Property Address: _____

Estimated/Appraised Value: \$ _____ Cost Basis: _____

NOTES

ANNUITY PAYMENT INFORMATION

All payments will be made on the last day of the selected period. I understand that I will get a payout rate in accordance with the current rates set by the American Council of Gift Annuities.

IMMEDIATE GIFT ANNUITY

First payment date will be at the end of the first fiscal quarter after your gift.

Month: _____

DEFERRED GIFT ANNUITY

Must be deferred for one full year after the gift date.

Please note: IRA Gift Annuities cannot be deferred.

First Payment Date: Month: _____ Year: _____

FLEXIBLE DEFERRED

Must be deferred for at least one full year after the gift date.

Earliest Payment Date: _____ Last Payment Date: _____

PAYMENT FREQUENCY

Please select one of the following: Annual Semi-Annual Quarterly

AFR RATE ELECTION

Largest Charitable Income
Tax Deduction

Higher Tax-Free Income
(until annuitant's life expectancy ends)

*Election is not needed when using IRA assets to fund an annuity. Please speak with your advisor before making any IRA transactions to ensure proper tax treatment.

ANNUITANT INFORMATION

Primary Annuitant(s) – If different from the donor(s), complete this section for the first person you select to receive annuity payments.

Name: _____ SS#: _____

Birthdate: _____ Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

Relationship of Primary Annuitant to the Donor: _____

Complete this section only if you request a Survivor or Joint Annuitant.

Survivor Not Married Joint Married

Name: _____ SS#: _____

Birthdate: _____ Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

Relationship of Survivor/Joint Annuitant to the Donor: _____

PAYMENT INFORMATION

DIRECT DEPOSIT PERSONAL CHECK OTHER: _____

Direct Deposit to: CHECKING SAVINGS

Financial Institution: _____

Account No.: _____ Routing No.: _____

** Please attach a voided check. Do not send a deposit slip.*

CHARITY DESIGNATION INFORMATION

Gifts to NGAF are irrevocable. However, the donor(s) have the right to designate, at the time of the gift, if they would like to have the for-benefit charity be revocable or irrevocable. Please complete the section below. If this section is not completed, your gift will be considered irrevocable to the for-benefit charity.

IRREVOCABLE

The remainder benefit to the charit(y)(ies) listed below and in the final Charitable Gift Annuity Contract cannot be amended. One exception is if the selected charit(y)(ies) no longer meets the guidelines of a public 501(c)(3) organization.

REVOCABLE

The remainder benefit to the charit(y)(ies) listed below and in the final Charitable Gift Annuity Contract can be amended by the donor(s). The amendment must be submitted in writing to NGAF.

CHARITY DESIGNATION SPECIAL AGREEMENT

I/We request that the remainder of the Charitable Gift Annuity Agreement be granted the charit(y)(ies) listed below, under the Tax ID(s) listed below, for use stated below. The charit(y)(ies) is/are a public 501(c)(3) organization. NGAF has the power to modify any restriction or condition on the distribution of funds for any specified charitable purpose, or to specified organizations of, if, in the judgement of NGAF, such restrictions or conditions become impossible, impractical, or illegal to conduct. If this occurs, NGAF shall choose another operating public charity, performing similar work, to receive the distributable funds. The remainder is calculated in the following manner:

1. The entire contribution, as of the contract date, increased by earnings and decreased by annuity payments and management expenses.
2. In the unlikely event that the annuity exhausts itself, future distributions will be paid from the annuity pool.

THE CHARITY'S GENERAL OPERATING FUND

OTHER _____

CHARITY INFORMATION

For additional charity designations, simply reprint this page.

Charity Legal Name: Do No Harm _____ Percentage: _____

Charity Tax ID: 87-4701865 Contact Person: Labin Duke _____ Phone: 804-994-6187 _____

Address: 2825 E Cottonwood Parkway, Suite 500 _____ City, State, Zip: Salt Lake City, UT 84121 _____

Email: Labin@donoharmmedicine.org _____

Would you like the charity to receive quarterly reports? YES NO

If you select NO, we will not notify the above charity of your gift annuity with us.

SECONDARY CONTACT

Contact information of a relative, attorney, or business representative whom we can contact if we are unable to reach the annuitants.

Name: _____

Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

Relationship to Primary Annuitant: _____

PRIVACY NOTICE

NGAF is committed to legal compliance with respect to protecting the privacy of the information you have entrusted us with. We collect non-public, personal, financial, and statistical information from the following sources:

- Application or other forms you complete to establish your Charitable Gift Annuity with us
- Transactions you make with us, our agents, and sub-agents
- Consumer reporting agencies

We do not disclose any non-public, personal, or financial information about you to anyone, except required by law. NGAF restricts access to non-public, personal, and financial information. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your non-public, personal, and financial information.

TAX/LEGAL ADVISEMENT

I/We do hereby acknowledge the I/we have been advised to seek advice and counsel from a professional advisor in all matters pertaining to estate and gift planning, including those related to any gift made through NGAF, or directly to NGAF.

- I/We understand that attorneys retained by NGAF represent the interest of NGAF, and do not represent me/us.
- I/We as donors understand and acknowledge the Privacy Notice and Tax/Legal Advisement stated above.

PRIMARY DONOR INITIALS

SECONDARY DONOR INITIALS

I/We, the applicant(s), have read, understood, and agreed to the information included in this application. I/We understand that once I/we execute the Charitable Gift Annuity Agreement, the property contributed in return for the Charitable Gift Annuity becomes the sole property of the National Gift Annuity Foundation.

Primary Donor: _____ Date: _____

Secondary Donor: _____ Date: _____

This gift has been accepted by NGAF

NGAF Signature: _____ Date: _____

Print Name & Title: Alexandra N. Sedor Mason, Director of Gift Annuity Administration

SECURITIES TRANSFER INSTRUCTIONS

For all California residents, please use the following instructions:

WIRE TRANSFER INSTRUCTIONS

Custodian: Fifth Third Lincoln Savings Bank
508 Main St, Reinbeck, IA 05669

ABA: 073905527

Beneficiary Name: Lincoln

Beneficiary Account: 671754

FFC Client Name: National Gift
Annuity Foundation

Further Credit: National Gift
Annuity Foundation, 2484

Client Account Number: 2484

FOR GIFTS OF MARKETABLE SECURITIES, SUCH AS STOCK AND MUTUAL FUNDS, DIRECT ASSETS TO:

Custodian: Fifth Third Bank

FFC Account: 010039623257

ACAT/DTC Number: 2116

Account Name: Lincoln Savings Bank

Agent Bank: 10016

Institution ID: 55092

For all US residents (except California), please use the following instructions:

WIRE TRANSFER INSTRUCTIONS

Custodian: Citibank, N.A., New York
399 Park Ave., New York, NY 10022

ABA: 021000089

Account: 4055-3953

Account Name: Charles Schwab

Further Credit: National Gift Annuity

Foundation Account Number: 7547-5434

FOR GIFTS OF MARKETABLE SECURITIES, SUCH AS STOCK AND MUTUAL FUNDS, DIRECT ASSETS TO:

Custodian: Charles Schwab

ACAT/DTC Number: 0164

Account Name: National Gift Annuity

Foundation Account Number: 7547-5434

ITEMS TO BE RETURNED:

- Application
- Disclosure Statement
- IRS W-9 Form
- Photocopy of Picture ID (to verify age & address)
- Check Payable to National Gift
Annuity Foundation

SEND COMPLETED INFO TO:

Alexandra N. Sedor-Mason, MDA
Director of Gift Annuity Administration
National Gift Annuity Foundation
9300 Beech Ave.
Brooklyn, OH 44144
Phone: (888) 811-6423, ext. 1
alex@nationalgiftannuity.org