

# MY GIFT ANNUITY PROFILE

## *Confidential*

**Please provide me with confidential data on a Gift Annuity plan which will produce lifetime payments for me:**

Name\_\_\_\_\_ Birthdate\_\_\_\_\_

**I wish to include another person in this gift plan with me (the payments continue throughout life of the survivor):**

Name\_\_\_\_\_ Birthdate\_\_\_\_\_

Relationship\_\_\_\_\_

*(spouse, parent, sister, etc.)*

**I estimate that my Gift Annuity contribution may be: \$ \_\_\_\_\_**

**Payments would be made:**  quarterly  semi-annually  annually

**Send this information to me at—**

Street  
Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_ E-mail\_\_\_\_\_

**I need clarification/have a question, please phone me at (\_\_\_\_) \_\_\_\_\_**

*Note: Return this profile to the address listed below and a personalized Gift Annuity Proposal will be sent to you immediately at no obligation. Thank you for your interest in the CA-NV UMF Gift Annuity Program.*

**1276 Halyard Drive  
West Sacramento, California 95691  
888-789-7374**