



**Application For A
Gift Annuity Contract With
South Dakota Achieve Foundation, Inc.**

I hereby apply for a Gift Annuity Contract with the South Dakota Achieve Foundation in the amount of _____ or \$ _____ to be issued in the name of Donor-First

Beneficiary _____.

Date of Birth _____ Age _____ SSN _____ Address _____

Second Beneficiary _____.

Date of Birth _____ Age _____ SSN _____ Address _____

I would like to receive annuity payments (Annual, Semi-Annual, Quarterly): _____

I understand that these funds may not be withdrawn at any time since this gift is a complete transfer of funds to the South Dakota Achieve Foundation for use in the furtherance of its objectives and purposes in support of South Dakota Achieve.

Name of Donor _____

Signature of Donor _____

Date of Signature _____