



GIFT OF ISRAEL ACCOUNT DISBURSEMENT REQUEST FORM

Gift of Israel participants and participant parents/guardians: Please request a refund by completing and submitting this form to the Jewish Community Federation and Endowment Fund. The Federation will contact Signature Bank to transfer funds from the participant account to the Federation’s master account, from which they will write a check as directed below.

Participant’s Name _____ Today’s Date _____

Participant or Parent Email _____ Phone _____

Participant’s social security number:

Participant’s Gift of Israel account number: (Contact our office at 415.369.2880 for participant’s account number, if not known)

Participant’s account balance:
\$ _____

Enter the name of the person to whom the refund should be made, or “Jewish Community Federation and Endowment Fund” if you would like to donate to our Israel Experience Scholarship Fund:

Enter the mailing address of the person to whom the refund will be made, or 121 Steuart St., San Francisco, CA 94105 if you are making a donation to our Israel Experience Scholarship Fund:

Participant OR participant parent/guardian signature:

Once completed, forward this document to the Jewish Community Federation and Endowment Fund where your Gift of Israel account is managed. The Federation will use this form to complete the transaction with Signature Bank on your behalf. Note: The participant may not directly request distribution of funds from Signature Bank if they are younger than 18 years of age.

Federation Use Only:
Federations may authorize the transfer of the above funds from the participant account referenced above to the Federation’s master account for purpose of disbursement, 1) by calling Signature Bank Client Services at 646-822-7500 2) or by forwarding this form with name and signature of an authorized signer below for the Federation’s master Gift of Israel account.
Federation Acct. Signer Name: _____ Signature: _____ Date: _____