

Israel Experience Savings Withdrawal Form
for SKIP and/or Gift of Israel

If you are unable to participate in an approved Israel Experience program before age 27, you may withdraw your Israel Experience savings.

Participant's name: _____ Date of birth: _____

Parent Address: _____ City, state, zip: _____

Phone number: _____ Email: _____

Parent 1: _____ Parent 2: _____

Congregation: _____

Funds to be withdrawn:

SKIP (You will receive your family contributions plus interest.) [SKIP funds must be returned through the congregation. We will process your request within 30 days and send your refund to your congregation, who will then be responsible for sending your portion back to you. The interest earned is taxable to you and you may receive a 1099 form from your congregation at the end of the year **if** the interest earned exceeds \$600.]

Gift of Israel [GOI funds will be returned to the account holder at the address listed above. The interest earned will be taxable to the account holder, who will receive a 1099 form from the JUF at the end of the year **if** the interest earned exceeds \$600.]

Withdraw my entire GOI account, including all contributions and interest

Withdraw only part of my GOI account, contributions of \$ _____ and/or interest of \$ _____

Help a young person experience Israel!

Donate all or part of your Israel Experience funds to help a high school student, college student, or young adult in need. Your generosity will make a big difference! A letter acknowledging your donation will be sent to you, along with a check for any remaining balance you would like to withdraw. A 1099 will be issued for any interest earned in excess of \$600. Please check all that apply.

1. I would like to donate all/ part (\$ _____) of my family's SKIP contributions.
2. I would like to donate all/ part (\$ _____) of the interest earned on my family's SKIP contributions.
3. I would like to donate all/ part (\$ _____) of my Gift of Israel contributions.
4. I would like to donate all/ part (\$ _____) of the interest earned on my Gift of Israel contributions.

(REQUIRED) Signature of participant

Date

(REQUIRED) Signature of parent/guardian

Date

PLEASE NOTE: A signature for both the participant and the parent/guardian is required even if the participant is no longer a minor.

Once signed, please scan & email (isralexperience@juf.org), fax (312-444-2086), or mail this form to:

Israel Experience
Jewish Federation of Metropolitan Chicago
30 S Wells #5033
Chicago, IL 60606

If you have any questions, please email isralexperience@juf.org.