

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 26, you may withdraw your Israel Experience savings. We encourage you to call our offices at (312) 444-2895 or email us at isralexperience@juf.org before completing this form, as there are many wonderful opportunities for young adults to travel to Israel, even after participating in Birthright Israel.

Participant's name: _____ Date of birth: _____

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Funds to be withdrawn: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, Room 5043
Chicago, IL 60606

If you have any questions, contact Jody Horowitz at (312) 444-2895 or isralexperience@juf.org.



Jewish Federation of Metropolitan Chicago
Survey of SKIP and Gift of Israel Withdrawals

It would be helpful to know more about the reasons that participants have for not using their SKIP or Gift of Israel (GOI) funds. Your answers will help us adapt the programs to meet the needs of more families. **Please take five minutes to complete this survey and return it to us with your completed withdrawal form.**

1. I am:
 - The SKIP/Gift of Israel account holder.
 - The parent of the SKIP/Gift of Israel account holder. Parents, we would appreciate you answering these questions on behalf of your child.

2. What were the main reasons that you did not use your SKIP or Gift of Israel funds? [Please check all that apply.]
 - I forgot I had them.
 - I went on or plan to go on a Birthright Israel program.
 - None of the available programs sounded interesting to me/suited my needs.
 - I needed the money for something else.
 - Not enough funds were saved to pay for an Israel Experience program.
 - I did not like the political situation in Israel.
 - I was concerned about safety issues in Israel.
 - I was unable to go to Israel because of a health problem.
 - I was not interested in going on an Israel Experience program because
 - the programs were too long
 - my friends were not going
 - I had been to Israel before
 - I wanted to travel elsewhere
 - other [please specify] _____
 - Other [please specify, add extra page if necessary]

3. Did the affordability of an Israel Experience program affect your decision in any way? Yes No
If yes, would additional funding, such as a scholarship or larger SKIP contributions from your congregation and/or Federation, have made it possible for you to use your SKIP funds toward Israel Experience?
 Yes No

4. Were you aware that a variety of Israel Experience scholarships (from Federation, congregations and programs) are available to use in conjunction with SKIP/GOI funds? Yes No

5. Has your family traveled to Israel in the past eight years? Yes No

6. Have you:

a. traveled to Israel in the past eight years? Yes No

b. traveled abroad in the past eight years? Yes No

studied abroad? Yes No

c. worked or volunteered abroad? Yes No

If yes, where? _____

d. participated in a Birthright Israel program? Yes No

7. Comments and Suggestions-- Please tell us anything else you would like to about the SKIP/GOI programs and/or your reasons for not using your SKIP/GOI funds (add extra pages as needed).

Thank you very much for your help and your time!

Please return this sheet with your completed withdrawal form.