



APPLICATION FOR CHARITABLE GIFT ANNUITY

Please complete the following:

NAME _____ Social Security _____
please print

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ Male Female

TELEPHONE (with area code) _____

I'm interested in the following type of annuity: Single-Life Two-Life Deferred
For Deferred Payments, specify date annuity payment will begin _____

Please complete the following *ONLY* if interested in a Two-life Annuity:

Second Life Name _____ Social Security _____
please print

Date of Birth _____ Male Female

I am interested in funding my annuity in the amount of:

\$5,000 \$10,000 \$25,000 \$ _____ Other

I intend to fund my annuity with Check or money order Transfer of stocks or bonds

If funded with securities, list cost basis: \$ _____ Long-term Short-term

I wish to receive my income payments Semi-annually [January 5-July 5] Quarterly
(specify dates) _____ Other (specify dates) _____

For EFT: Bank name _____

Account Name _____

Account number _____ Routing number _____

(PLEASE ATTACH A VOIDED CHECK)

The residual to be paid to _____

SIGNED _____ DATED _____