

Name: _____ Sex: Male ___ Female ___

Date of Birth: _____ Place of Birth: _____

Telephone: _____ S.S.#: _____

Residence Address: _____

Mailing Address (if different): _____

Name: _____ Sex: Male ___ Female ___

Date of Birth: _____ Place of Birth: _____

Telephone: _____ S.S.#: _____

Residence Address: _____

Mailing Address (if different): _____

Emergency Contact: _____ Telephone: _____

Amount of Annuity: \$ _____ Tax Bracket: 10% 12% 22% 24% 32% 35% 37%
(circle one - see back of sheet)

Payment (circle one installment option): Monthly Quarterly Bi-annual Yearly
over \$50,000.00

We desire to give this gift, which we fully understand cannot be returned to us or assigned to any child, relative or other person. We recognize there may be certain tax benefits, governed by the IRS rules, which are binding on the donor as well as the recipient. We understand we should seek advice from our own attorney or accountant to determine which benefits would exist for us. We request that said Gift Annuity payments shall be payable to us jointly during our joint lifetimes and that said Annuity payments be continued to the survivor of us, and shall terminate with the last payment prior to the date of death of the survivor.

We hereby declare that all of the foregoing statements made by us to obtain said Gift Annuity, are true and correct and we understand that the Corporation, believing them to be such, will relay and act on them.

Signed at: _____ on this _____ day of _____, 202 ____ .
City & State Month

Signature of Applicant(s): _____

Co-Annuitant

Co-Annuitant

Jeff Doerr | Director, Planned Giving and Trust Services
trustservices@3abn.org