



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

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

I hereby declare that all of the foregoing statements are made by me to obtain said Gift Annuity, and are true and correct. I 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: _____ Annuitant

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