



## GIFT ANNUITY APPLICATION FORM

I prefer the following type of gift annuity:

- ☐ One-life annuity (payments to one annuitant for life)
- ☐ Two-joint and survivor (payments to both jointly, continuing to the survivor)
- ☐ Two-successive annuitants (payments to one, then to the survivor)

First Life Name \_\_\_\_\_ Also, the donor? ☐ Yes ☐ No

Second Life \_\_\_\_\_ Also the donor? ☐ Yes ☐ No

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth (Please provide a photocopy of your driver's license, birth certificate, or passport as proof of age.) \_\_\_\_\_

Date of Birth (Please provide a photocopy of your driver's license, birth certificate, or passport as proof of age.) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to Primary Annuitant \_\_\_\_\_

I would like to establish a gift annuity in the amount of (check one):

☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ Other: \_\_\_\_\_

(Minimum gift amount is \$10,000)

I will establish a gift annuity by:

- ☐ Check (payable to Children's National Hospital Foundation)
- ☐ Appreciated stocks/mutual fund shares (describe): \_\_\_\_\_

(Company Name)	(#of shares/Approximate value)	(Year acquired)	(Cost basis)
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(Company Name)	(#of shares/Approximate value)	(Year acquired)	(Cost basis)
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Annuity Payment Type: ☐ Immediate ☐ Deferred      Payment Period: ☐ Quarterly ☐ Other \_\_\_\_\_

If deferred, payment is to start: \_\_\_\_\_ (year), during the payment period of \_\_\_\_\_.

*\*minimum age to establish a deferred gift annuity contract is 50; minimum age for payments to begin is 65*

Contact Information:

Please provide a relative, your lawyer, a friend or a personal representative in case of an emergency:

Name	Telephone	Address	Relationship
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Signature of Donor(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_