



Children's National

# 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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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

Signature of Donor(s): \_\_\_\_\_ Date \_\_\_\_\_

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