



## **Charitable Gift Annuity Application**

**Mail completed Application, W-9 form, gift check made payable to “Catholic Gift Annuity” and voided check to:**

Catholic Gift Annuity  
150 S. Wacker Dr. Suite 2000  
Chicago, IL 60606



# CATHOLIC GIFT ANNUITY®

Administered by Catholic Extension

Enclosed is my check, payable to **Catholic Gift Annuity** for \$\_\_\_\_\_ to establish a charitable gift annuity.

I am considering donating appreciated stock. Please contact me.

### Type of Annuity:

- Individual  Two Lives
- Deferred - Start my payments at age \_\_\_\_\_

### Payments to be made:

- Annually  Semi- Annually  Quarterly

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY /STATE/ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### FOR TWO LIVES CATHOLIC GIFT ANNUITY (complete for the second annuitant):

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

RELATIONSHIP:  SPOUSE  SIBLING  FRIEND

### DISTRIBUTION OF REMAINING AMOUNT:

Remainder    Organization     Please keep my gift anonymous.

\_\_\_\_ %    NAME: \_\_\_\_\_

\_\_\_\_ %    NAME: \_\_\_\_\_

10 %    Catholic Gift Annuity Reserve

**100 %    (Must equal 100%)**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Upon acceptance an irrevocable agreement will be issued for signature by both parties.*

## Authorization for Direct Deposit of Annuity Payments

\*Please attach a voided check

NAME OF BANK: \_\_\_\_\_ TYPE: \_\_\_\_ CHECKING \_\_\_\_ SAVINGS

BANK ADDRESS: \_\_\_\_\_ ROUTING NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

I AUTHORIZE CATHOLIC GIFT ANNUITY AND STATE STREET BANK TO DEPOSIT ANNUITY PAYMENTS TO THE BANK LISTED ABOVE.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Substitute Identification Number and Certification**

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**Name**

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**Address (number, street, and apt. or suite no.)**

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**City, state, and ZIP code**

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**List account number here (optional)**

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**Individual/  
Sole Proprietor**

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**PART I TAXPAYER IDENTIFICATION NUMBER (TIN)**

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Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).

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**Social Security Number**

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**PART II CERTIFICATION**

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Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

**SIGN****HERE****DATE**