



CATHOLIC GIFT ANNUITY[®]

Administered by CATHOLIC EXTENSION SOCIETY

Charitable Gift Annuity Application

Instructions:

Use the fill-in-the-blank feature to complete the application below.

- Type in your responses using the Tab key to move between fields.
- Print the form and sign the application.

Mail completed application, annuity check and voided check (for direct deposit) to:

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



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GIFT
ANNUITY®**

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Charitable Gift Annuity Application

Minimum age: 55/Minimum amount: \$5,000

A Charitable Gift Annuity is an irrevocable contract.

Enclosed is my check, payable to **Catholic Gift Annuity** for \$_____ to establish a Charitable Gift Annuity. * *Contact us if donating appreciated stocks.*

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 _____ MALE ___ FEMALE ___

FOR A 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

100 % (Must equal 100%)

SIGNATURE _____ DATE _____

Upon acceptance an irrevocable agreement will be issued for execution 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 _____

Internal Revenue Service

Form **W-9**
Substitute

**Request for Taxpayer
Identification Number and Certification**

Name

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

City, state, and ZIP code

List account number here (optional)

Individual/
Sole Proprietor



PART I TAXPAYER IDENTIFICATION NUMBER (TIN)

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

Social Security Number

PART II CERTIFICATION

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