

CHARITABLE GIFT ANNUITY PROFILE FORM

Annuitant Information											
Annuitant Name (#1)											
Address											
City, State, ZIP											
Phone Number											
Date of Birth		Gender	F	M							
Social Security No.		Age*									
If joint, Annuitant Name (#2)											
Address											
City, State, ZIP											
Phone Number											
Date of Birth		Gender	F	M							
Social Security No.		Age*									
<i>*Age at nearest birthday</i>											
Payment method											
ACH Direct Deposit _____											
Check _____											
Mail to address of:											
Annuitant #1 _____	Annuitant #2 _____	Other _____ (provide address below)									
Name											
Address											
City, State, ZIP											
Contract Information											
Date of Contract		Amount of Gift								\$	
Annuity Rate % *		Annual Payment								\$	
Payment Frequency		Amount								\$	
First Payment Amount		Date of First Payment									
Reserve Requirements		Year exempt income declines									
Reasonably Commensurate Value											
Value of Property Transferred											
Other											
Residual Gift Designation											
Note	If the amount of annuity to be paid is less than the amount calculated based on your currently adopted annuity rate table, such an agreement must have a rider or waiver statement indicating the donor has been informed of the higher available rate but accepted the lower rate of periodic annuity payments. Annuity amounts paid can not exceed the amount calculated based on the currently adopted annuity rate table as filed with the Department of Insurance.										