



# Charitable Gift Annuity

## *Agreement Application Form*

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### **Annuitant #1:**

Mr., Mrs., Ms.: \_\_\_\_\_

Name (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### **Annuitant #2 (if applicable):**

Mr., Mrs., Ms.: \_\_\_\_\_

Name (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Property used to fund the Charitable Gift Annuity (*Check*):

- My/Our Separate Property
- Community Property
- Jointly Held Property

If funding with check, what is the amount: \$ \_\_\_\_\_ (*Minimum: \$5000*)  
(*Checks made payable to the Southern Baptists of Texas Foundation*)

If funding with stock:

Stock Name: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
Cost Basis of Stock: \$ \_\_\_\_\_

Annuity payments shall be paid:

- Annually       Quarterly       Monthly

Annuity payments shall begin:

- Immediately       Deferred Until \_\_\_\_\_ (Date)

Ministry Beneficiary: \_\_\_\_\_

- Endowment (Name: \_\_\_\_\_)
- Outright

Contact information (relative or close friend) with whom the Foundation may communicate after the death of the annuitant(s) if necessary:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Note: The Southern Baptists of Texas Foundation issues, guarantees, makes payments and overall is responsible for Charitable Gift Annuities.*

The information reported on this application is true to the best of my knowledge.

Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_