

CHARITABLE GIFT ANNUITY APPLICATION FORM

DONOR INFORMATION

NAME (FIRST): _____ (MIDDLE): _____ (LAST): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH*: _____ SOC SEC #: _____

****Please provide a copy of identification showing date of birth.***

PHONE NUMBER: _____ EMAIL: _____

Is this annuity: One-Life Two-Life - Joint/Survivor Two-Life – Successive

Is the Donor also the Annuitant? Yes No

ADDITIONAL ANNUITANT INFORMATION (if applicable)

Relationship to Donor: Spouse Parent Sibling Other _____

NAME (FIRST): _____ (MIDDLE): _____ (LAST): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH*: _____ SOC SEC #: _____

****Please provide a copy of identification showing date of birth.***

PHONE NUMBER: _____ EMAIL: _____

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TYPE OF ANNUITY:  Immediate  Deferred until year \_\_\_\_\_  Flexible until year \_\_\_\_\_

***\*\*Please note that the minimum age for annuitants is 45. Payments begin at age 65.\*\****

GIFT AMOUNT: \$ \_\_\_\_\_ (minimum \$10,000 – no maximum)

PAYMENT FREQUENCY:  Annually  Semi-Annually  Quarterly  Monthly

Would you like your payments to be deposited directly to your bank account?  Yes  No

*(If yes, please complete an ACH application form for direct deposit.)*

**If you would like to use stock, please provide the following information:**

STOCK NAME: \_\_\_\_\_ NUMBER OF SHARES: \_\_\_\_\_

BROKERAGE /CONTACT: \_\_\_\_\_ APPROX VALUE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ COST BASIS: \_\_\_\_\_

**Please return this document with your check made out to *National Geographic*.**

Please make me a member of the Gardiner Greene Hubbard Society. List my/our name in all Society directories in the following manner: \_\_\_\_\_

I/We prefer to be listed as Anonymous.

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

\_\_\_\_\_