



Charitable Gift Annuity *Agreement Application Form*

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

Amount of Charitable Gift Annuity: \$ _____ (*Minimum: \$2500*)

(Checks made payable to the Southern Baptists of Texas Foundation)

Annuity payments shall be paid:

- Annually
- Quarterly
- Monthly

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: _____