

Charitable Gift Annuity Certificate Application

I hereby apply for a Charitable Gift Annuity Certificate to be issued under the Diocese of Kansas City-St. Joseph Gift Annuity Plan and enclose payment for that purpose in the amount of \$ _____.

If funded with property or securities, please describe in detail: _____
_____ with a present value of \$ _____ to satisfy the issuance of the Annuity Certificate.

This is a Charitable Gift Annuity. A Charitable Gift Annuity is not insurance under the laws of Missouri and is not subject to regulation by the Missouri Department of Insurance or protected by a guaranty association.

The final beneficiary (ies) of the gift portion of this charitable gift annuity is/are (please check one):

The Diocese of Kansas City-St. Joseph for benefit of:

The following parish or school:

Name of Applicant: _____
(If a married woman, use given name and husband's surname)

Address: _____

City _____ State _____ Zip _____

Sex ____ Date of Birth: ____ / ____ / ____ (Month/Day/Year) Social Security No. (For tax reporting only) _____ - _____ - _____

FOR TWO-LIFE, SURVIVOR ANNUITY – For a SECOND PAYEE upon death of primary beneficiary/Applicant:

Name of second payee: _____
(If a married woman, use given name and husband's surname)

Address: _____

City _____ State _____ Zip _____

Sex ____ Date of Birth: ____ / ____ / ____ (Month/Day/Year) Social Security No. (For tax reporting only) _____ - _____ - _____

I understand that the annuity payments will be made on the last day of March, June, September and December or alternately _____ (as shown in the final Illustration of the Annuity) and will terminate at the death of the Applicant, if a single life annuity, or at the death of the Survivor, if a two-life annuity. I also understand that, once the Annuity is complete, the amount of the Annuity is not subject to withdrawal and that no portion of it shall be refundable until the death of the Applicant or Survivor. This Charitable Gift Annuity is a completed transfer to the Diocese of Kansas City-St. Joseph and is subject to the guidelines governing the Charitable Gift Annuity Program of the Diocese of Kansas City-St. Joseph.

Signature Printed Name, Applicant Date

Donor's Address (if different from Applicant) _____

City _____ State _____ Zip _____

Please make checks payable to: Diocese of Kansas City-St. Joseph
20 West Ninth Street
Kansas City, MO 64105