

# APPLICATION

## Deferred Payment Gift Annuity

### ◆ Annuitant Information ◆

_____	_____
Annuitant Name	Joint Annuitant Name
_____	_____
Annuitant Date of Birth	Joint Annuitant Date of Birth
_____	_____
Annuitant Social Security #	Joint Annuitant Social Security #
_____	_____
Street Address	
_____	( _____ ) _____
City/State/Zip	Phone number

### ◆ Annuity Information ◆

A one-time contribution of \$ \_\_\_\_\_ (\$1,000 minimum)

Cost basis of annuity \$ \_\_\_\_\_

**Note:** If the annuity is funded with cash, the cost basis will equal the annuity amount. If the annuity is funded with an investment such as stock, the cost basis is equal to the original cost of the investment.

Payment to begin at age \_\_\_\_\_ which will be \_\_\_\_\_ / \_\_\_\_\_  
month year

Current Federal Income Tax Rate (only check one)

15%      28%      31%      36%      39.6%

I/we have reviewed the Deferred Gift Annuity information and understand that a proposal and an Agreement will be prepared from the information contained on this application form.

_____	_____
Signature of Applicant	Signature of Joint Applicant
_____	_____
Date	Date

# BBCFoundation

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