

APPLICATION

Revocable Charitable Trust

I/we hereby apply for a Revocable Trust with BBC FOUNDATION INC. in the amount of \$_____. (Please note that a \$1000 minimum initial transfer is required. Subsequent transfers may be made in amounts of \$100 or more.)

◆ Trustor Information ◆

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

◆ Quarterly Payment Instructions ◆

Payments are made at the end of March, June, September, and December. I/we direct that the quarterly trust income be handled as follows:

- Please add my quarterly interest payments directly to the principal.
- I would like to have my quarterly interest payments direct deposited to my bank account. I have **provided a voided check** as part of this authorization.

◆ Distribution Upon Death ◆

I/we desire that upon my/our death this Trust shall terminate, and the Trustee shall distribute the Trust property as follows:

_____ % to Baptist Bible College of Pennsylvania. (A minimum of 50% goes to Baptist Bible College of Pennsylvania)

_____ % to _____
Name of Individual or Organization

Street Address

City/State/Zip

_____ % to _____
Name of Individual or Organization

Street Address

City State/Zip

I/we have read the BBC FOUNDATION INC. Revocable Charitable Trust information and understand that a Revocable Trust Agreement will be prepared from the information contained on this application form.

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

I understand that BBC FOUNDATION INC. will not withhold taxes from any income payments related to my trust. However, information will be provided to the appropriate taxing authorities, and I provide my social security number below to assist in this matter.

I hereby certify under penalty of perjury that the tax identification number given is correct, and I am not subject to IRS-directed back-up withholding.

_____ Social Security Number
_____ Signature of Applicant
_____ Date

BBCFoundation
Think Stewardship. **Create Legacy. Impact People.**

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