

Gift Annuity Application

I would like to arrange a gift annuity with the friars of the Capuchin Province of St. Joseph in the amount of \$_____ (minimum amount is \$5,000). Enclosed is my check or securities for that amount. If using securities, cost basis is \$_____ .

Type of Gift Annuity

	(Please check one)	(Please check one)
<input type="checkbox"/> One-life Annuity		<input type="checkbox"/> Immediate payment
<input type="checkbox"/> Two-life Annuity		<input type="checkbox"/> Deferred payment
		Date of first Deferred Payment <u>MO.</u> <u>YR.</u>

Payments to be made:

<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-annually
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly

I prefer to have my annuity payment electronically deposited into my checking account.
PLEASE INCLUDE A VOIDED CHECK IF YOU CHOOSE THIS OPTION.

PLEASE NOTE THAT A DIRECT TRANSFER OF IRA ASSETS CANNOT BE MADE TO FUND A GIFT ANNUITY.

First Annuitant

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Birth date / / Phone Number () _____

Social Security Number _____

Signature _____ Date _____

Second Annuitant

If establishing a two-life annuity, please fill in the following information for the second annuitant.
This gift will be funded with: Solely owned OR Jointly owned property

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Birth Date / / Phone Number ()- _____

Social Security Number _____ Relationship _____

Second Annuitant Signature _____



1820 Mt. Elliott Street
Detroit, Michigan 48207-3485

The Capuchin Province of St. Joseph



Capuchin Province of St. Joseph
CHARITABLE GIFT ANNUITY PROGRAM