



Charitable Gift Annuity Application

Annuitant Information

INCOME BENEFICIARY 1:

 First Name Initial Last Name

 Date of Birth Social Security Number

 Address

 City State Zip

 Home Phone Cell Phone

 Email

INCOME BENEFICIARY 2 (if applicable):

 First Name Initial Last Name

 Date of Birth Social Security Number

 Address

 City State Zip

 Home Phone Cell Phone

 Email

****Please include proof of birth date by sending copy of birth certificate, driver's license, or passport.**

Type of Annuity

- Immediate Annuity Deferred Annuity-begin payments on: _____
- Flexible Deferred Annuity—first possible payment date: _____
 (payments can be started 1 year to 21 years after annuity established)

Annuity Payments

- One Life Two Lives

Ministry Designation: _____ or Greatest Need.

Amount of Annuity

- Cash amount: _____ (make checks payable to The Great Commission Foundation)
- Stock amount: _____ Original value & purchase date: _____

Donor (if not one of the income beneficiaries)

Donor Name _____

Donor Address _____

Annuity Payment

Please fill out the Direct Deposit Authorization Form

