

CHARITABLE GIFT ANNUITY APPLICATION



ANNUITANT INFORMATION

INCOME BENEFICIARY 1:

Mr. Mrs. Ms. Other:

FIRST NAME:

INITIAL: LAST NAME:

DATE OF BIRTH:**

SOCIAL SECURITY NUMBER:

FULL ADDRESS:

HOME PHONE:

CELL PHONE:

EMAIL:

INCOME BENEFICIARY 2:

Mr. Mrs. Ms. Other:

(if applicable)

FIRST NAME:

INITIAL: LAST NAME:

DATE OF BIRTH:**

SOCIAL SECURITY NUMBER:

FULL ADDRESS:

HOME PHONE:

CELL PHONE:

EMAIL:

****Please include proof of birthdate by sending a 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)

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ANNUITY PAYMENTS:

One Life Two Lives

Ministry Designation: **SPECIFIC CHOICE:**
 CRU'S GREATEST NEED.

AMOUNT OF ANNUITY:

Cash Amount: (Make checks payable to "The Great Commission Foundation")
 Stock Amount: Original value and purchase date:

DONOR NAME: (If not one of the income beneficiaries)

DONOR ADDRESS:

ANNUITANT PAYMENT

PLEASE FILL OUT THE DIRECT DEPOSIT AUTHORIZATION FORM (PAGE 3)

NEXT OF KIN INFORMATION

Please provide contact information of the closest non-spouse relative or executor in the event we are unable to reach the payment recipient(s).

FIRST NAME: **INITIAL:** **LAST NAME:**

FULL ADDRESS:

HOME PHONE: **CELL PHONE:**

EMAIL:

RELATIONSHIP TO ANNUITANT:

DO WE HAVE YOUR PERMISSION TO LET THE MINISTRY YOU HAVE DESIGNATED KNOW THAT YOU HAVE SET UP AN ANNUITY? YES NO

DIRECT DEPOSIT AUTHORIZATION FORM

FOR YOUR GIFT ANNUITY
DISTRIBUTION



BENEFICIARY NAME:

AUTHORIZATION OF BENEFICIARY

I (we) hereby authorize the *Cru Foundation (TCF)* to initiate deposits to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until TCF is notified by me (us) in writing to cancel it in such time as to afford TCF and the financial institution a reasonable opportunity to act on it.

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION:

ADDRESS OF FINANCIAL INSTITUTION:

CITY:

STATE:

ZIP CODE:

DEPOSITOR ACCOUNT NUMBER:

TYPE OF ACCOUNT: (please check one) Checking Savings

To complete this request, you must include a **VOIDED CHECK** for the checking account. This will provide the transit routing number (ABA Number) for the account to which payment will be made.

NAME OF FINANCIAL INSTITUTION:

ADDRESS OF FINANCIAL INSTITUTION:

CITY:

STATE:

ZIP CODE:

SIGNATURE

DATE

Accelerating the Great Commission through *smarter generosity.*

100 Lake Hart Drive, #3600 • Orlando, FL 32832 • (800) 449-5454 • Fax (407) 541-5106
www.crufoundation.org • hello@crufoundation.org

CHARITABLE GIFT ANNUITY DISCLOSURE STATEMENT



A charitable gift annuity enables you to simultaneously make a charitable gift and provide guaranteed payments for life to yourself and/or another person. The fact that you are making a charitable gift may entitle you to income, gift, and estate tax deductions.

Because a charitable gift is involved, the annuity rates offered by **The Great Commission Foundation of Campus Crusade for Christ DBA Cru Foundation** are lower than those available through commercial annuities offered by insurance companies and other financial institutions. Before establishing your charitable gift annuity, you should consult with an accountant and/or a legal advisor.

A charitable gift annuity is irrevocable and nonassignable, except that it may be assigned to the Charitable Organization.

It is my intention to transfer my rights, title, and interest in the assets listed previously in consideration of a Charitable Gift Annuity to be issued by Cru Foundation. I further understand that I will make an irrevocable gift to Cru Foundation and that the assets cannot be withdrawn or revoked. I understand that this document is not a gift annuity contract. The lifetime payments to be paid to me and my co-annuitant (if applicable) will be determined by the value of the assets on the date of the transfer to Cru Foundation.

PRINT NAME OF APPLICANT/DONOR:

PRINT NAME OF APPLICANT/DONOR:

SIGNATURE OF APPLICANT/DONOR:

SIGNATURE OF APPLICANT/DONOR:

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