CHARITABLE GIFT ANNUITY APPLICATION

cru FOUNDATION

ANNUITANT INFORMATION

FULL NAME OF INCOME BENEFICIARY 1:

DATE OF BIRTH:** **SSN:**

ADDRESS:

HOME PHONE: **CELL PHONE:**

EMAIL:

(if applicable)

FULL NAME OF INCOME BENEFICIARY 2:

DATE OF BIRTH:** **SSN:**

ADDRESS:

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:
- ☐ Stock Amount:
- ☐ Original value & purchase date:

(make checks payable to The Great Commission Foundation)

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DONOR *(if not one of the income beneficiaries)*

DONOR NAME:

DONOR ADDRESS:

ANNUITY PAYMENT

Please fill out the Direct Deposit Authorization Form

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).

FULL NAME:

ADDRESS:

HOME PHONE: **CELL PHONE:** **EMAIL:**

PERMISSION

DO WE HAVE YOUR PERMISSION TO LET THE MINISTRY YOU HAVE DESIGNATED KNOW THAT YOU HAVE SET UP AN ANNUITY?

☐ Yes ☐ No

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

DIRECT DEPOSIT AUTHORIZATION FORM

FOR YOUR GIFT ANNUITY DISTRIBUTION

cru FOUNDATION

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:

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 BENEFICIARY: *(please print)*

ADDRESS:

SIGNATURE OF BENEFICIARY **DATE**

Accelerating the Great Commission through *smarter generosity*.

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