



CATHOLIC GIFT ANNUITY™

Administered by Catholic Extension

Charitable Gift Annuity Application for Priests/Matching Program

- Enclosed is my check, payable to **Catholic Gift Annuity** for \$_____ to establish a charitable gift annuity.
- I am considering donating appreciated stock. Please contact me.

I am incardinated in the Diocese of _____.

Mail checks to: Catholic Extension, 150 S. Wacker Dr. Suite 2000, Chicago, IL 60606

Type of Annuity:

- Individual
- Deferred - Start my payments at age _____

Payments to be made:

- Annually
- Semi- Annually
- Quarterly

NAME _____

ADDRESS _____

CITY /STATE/ZIP _____

BIRTHDATE ____/____/____ SOCIAL SECURITY NUMBER _____

PHONE _____ EMAIL _____

The Matching Program/Annuity of \$5,000 from Catholic Extension will assist me, due to my concern about having adequate resources for my retirement.

DISTRIBUTION OF REMAINING AMOUNT:

Remainder Organization Please keep my gift anonymous.

_____ % NAME: _____

_____ % NAME: _____

10 % Catholic Gift Annuity Reserve

100 % **(Must equal 100%)**

SIGNATURE _____ **DATE** _____

Upon acceptance an irrevocable agreement will be issued for execution by both parties.

Authorization for Direct Deposit of Annuity Payments

*Please attach a voided check

NAME OF BANK: _____ TYPE: ____ CHECKING ____ SAVINGS

BANK ADDRESS: _____ ROUTING NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____ ACCOUNT NUMBER: _____

I AUTHORIZE CATHOLIC GIFT ANNUITY AND STATE STREET BANK TO DEPOSIT ANNUITY PAYMENTS TO THE BANK LISTED ABOVE.

SIGNATURE _____ **DATE** _____