



APPLICATION FOR CHARITABLE GIFT ANNUITY

3801 Eagle Nest Drive, Suite B, Crete, IL 60417 / 888.448.3040 / BarnabasFoundation.com

I/We hereby apply for a:

- Single Life Immediate Pay Charitable Gift Annuity (CGA)
- Joint Life Immediate Pay Charitable Gift Annuity (CGA)
- Single Deferred Charitable Gift Annuity (CGA)
- Joint Deferred Charitable Gift Annuity (CGA)

Payment Frequency:

- Annual (Dec 15)
- Semi-Annual (Jun 15, Dec 15)
- Quarterly (Mar 15, Jun 15, Sept 15, Dec 15)

1st payout date (Deferred Only):

Annuitant Full Name:

SS#: Email:

Date of Birth: Preferred Phone:

Second Annuitant Full Name (Joint Only):

SS#: Email:

Date of Birth: Preferred Phone:

Address:

City: State: Zip:

TYPE AND AMOUNT OF GIFT (MINIMUM \$25,000)

I/We enclose a check in the amount of for issuance of this CGA contract.
Make check payable to Barnabas Foundation.

I/We will transfer a non-cash gift (described below) for issuance of this CGA contract:

A. Description of asset (*name, ticker symbol*)

B. Number of shares/units:

C. Approximate market value:

D. Total cost basis:

I/We have received and read the Barnabas Foundation Common Trust Fund Disclosure Document.

SIGNATURES

X Date:

Signature

X Date:

Signature of Second Annuitant (*Joint Only*)

SUBSTITUTE FORM W-9

Under penalties of perjury, I certify that:

1. The Social Security number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding due to a failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person as defined by the IRS (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid back-up withholding.

DIRECT DEPOSIT FOR ANNUITY PAYMENTS

Please accept this as authorization to electronically deposit my annuity payment directly to my account via ACH at the following financial institution:

Name of Financial Institution:

Address:

City: State: Zip:

Phone Number:

Checking Account Savings Account

Account Number:

Bank Routing Number

Bank Account Number

Check Number

Financial Institution Routing Number:
(9-Digit Number)

SIGNATURES

X

Date:

Signature

X

Date:

Signature of Second Annuitant (*Joint Only*)