



APPLICATION FOR CHARITABLE GIFT ANNUITY

I/We hereby apply for a: single life Charitable Gift Annuity (CGA)
 joint life Charitable Gift Annuity (CGA)
 deferred Charitable Gift Annuity (CGA)
1st payout date _____

Payment Frequency: Annual Semi-Annual Quarterly

Donor full name (printed) _____

SS# _____ Date of Birth _____

Spouse or second person full name (joint life only) (printed) _____

SS# _____ Date of Birth _____

Daytime telephone # _____ E-mail address _____

Evening telephone # _____

Address _____

City _____ State _____ Zip _____

Type and Amount of Gift (minimum \$10,000)

I/We will transfer _____ shares of _____ (name of stock) _____
(symbol) for issuance of this CGA contract. Cost Basis of Stock \$ _____.

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

I/We will transfer _____ (name and description of asset) for issuance
of this CGA contract.

I/We have received and read the Charitable Gift Annuity Medicaid Disclosure and the Disclosure Document on Barnabas Foundation Common Trust Funds.

(Signature) Date _____

Signature of second person (for joint contract only) Date _____

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 To Bank

Please accept this as authorization to electronically deposit my annuity payment directly to my account via ACH at the following financial institution: ****Please attach a voided check with this form****

**Name of Financial Institution _____

Address _____

City, State, Zip _____

Phone Number _____

Checking account Savings Account Account Number: _____

Financial Institution Routing Number _____

(Date)

(Signature)

(Date)

(Signature)

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