

The Salesian Annuity Plan

APPLICATION FORM

☐ **YES**, I want guaranteed income for life, substantial tax savings, and the good feeling that comes with helping poor and needy children. I hereby apply for a gift annuity and have enclosed a check for that purpose.

AMOUNT OF ANNUITY DESIRED: ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$ _____
(MINIMUM OF \$5,000)

TYPE OF ANNUITY DESIRED: ☐ Immediate ☐ Deferred/Deferral Date: _____ ☐ Flexible Deferred

My Name _____ Phone No. (incl. area code): _____
(Please print clearly)

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

Date _____ Signature _____

IMPORTANT: PLEASE ENCLOSE A COPY OF YOUR BIRTH CERTIFICATE WITH THIS APPLICATION.

FOR JOINT ANNUITY ONLY:

Name of Other Participant _____ Phone No. (incl. area code): _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

Date _____ Signature _____

IMPORTANT: A COPY OF THE INDIVIDUAL'S BIRTH CERTIFICATE IS REQUIRED.

IF ANNUITANT IS SOMEONE OTHER THAN YOURSELF, PLEASE PRINT THE FULL INFORMATION BELOW:

Name of Other Participant _____ Phone No. (incl. area code): _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

Date _____ Signature _____

IMPORTANT: A COPY OF THE INDIVIDUAL'S BIRTH CERTIFICATE IS REQUIRED.

I would like my Annuity payments sent to me as follows: (check one)

☐ Annually

☐ Semi-Annually

☐ Quarterly

☐ Monthly