

## CHARITABLE GIFT ANNUITY APPLICATION

### 1. CONTACT INFORMATION

#### Applicant 1:

|          |            |                          |              |
|----------|------------|--------------------------|--------------|
| Title:   | Full Name: | Social Insurance Number: |              |
| Email:   | Phone:     | Date of Birth:           |              |
| Address: | City:      | Province:                | Postal Code: |

#### Applicant 2: (if joint application)

|          |            |                          |              |
|----------|------------|--------------------------|--------------|
| Title:   | Full Name: | Social Insurance Number: |              |
| Email:   | Phone:     | Date of Birth:           |              |
| Address: | City:      | Province:                | Postal Code: |

#### Next of Kin: (Contact information for a Power of Attorney, Executor, or a family member)

|            |        |           |               |
|------------|--------|-----------|---------------|
| Full Name: | Phone: | Email:    | Relationship: |
| Address:   | City:  | Province: | Postal Code:  |

### 2. ANNUITY TYPE:

|         |              |                                                                                                |
|---------|--------------|------------------------------------------------------------------------------------------------|
| Amount: | Rate Quoted: | Type: (select one) <input type="checkbox"/> Single Life OR <input type="checkbox"/> Joint Life |
|---------|--------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Payment Frequency: (select one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 3. BENEFICIARIES

| Amount | Charity Name and Address |
|--------|--------------------------|
| %      | 1.                       |
| %      | 2.                       |
| %      | 3.                       |

| Amount | Charity Name and Address |
|--------|--------------------------|
| %      | 4.                       |
| %      | 5.                       |
| %      | 6.                       |

### 4. OTHER INFORMATION:

|       |                            |
|-------|----------------------------|
| Date: | How did you hear about us? |
|-------|----------------------------|