

Personal and Confidential
The Hattie Larlham Foundation Charitable Gift Annuity

Please complete and return to receive a personalized proposal or to arrange a gift annuity.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Telephone: _____ Email: _____

Social Security Number: _____

I'm interested in: (check all that apply)

- _____ Single-Life Gift Annuity
_____ Two-Life Gift Annuity (Please complete the second page of this form)
_____ Single-Life Gift Annuity for another individual (Please complete the second page)
_____ Deferred Gift Annuity (I'm interested in payments starting at age _____)

_____ I would like a gift annuity proposal and illustration to be prepared for me.

I understand that I am under no obligation at any time.

Please base the proposal on a gift of:

_____ Cash _____ Securities (please describe stocks, bonds, etc.)

Estimated Gift Amount (\$10,000 minimum) Original cost basis (if funded by securities):

\$ _____ \$ _____

To Arrange a Gift Annuity Now

I understand the terms of the gift annuity and have completed all the necessary information. Using the appropriate rate of return based upon the age(s) of the annuity recipient(s) and the rates established by The American Council On Gift Annuities, please prepare a gift annuity agreement for the following amount:

Enclosed is my check for \$ _____ (\$10,000 minimum)

To fund your gift annuity with a donation of securities, please call the 800/233-8611, ext. 3147 for transfer instructions. In order to properly prepare your annuity, please state the cost basis (the amount you paid) for the securities: \$ _____.

Signature _____ Date _____

**Please Complete this Section if Applying for a Two-Life Gift Annuity
or an Annuity for Another Individual**

I designate the following individual as:

Joint and Survivor Annuitant
 Successor Annuitant
 Single-Life Annuitant (other than self)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Telephone: _____ E-mail: _____
Social Security Number _____

*Rate based on age(s) of gift annuity income recipient(s)

Return this form to:

The Hattie Larlham Foundation
Attention: Department of Development
9772 Diagonal Road
Mantua, Ohio 44255