

**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