

**Application for Charitable Gift Annuity with the University of Maine System**

**Campus:** \_\_\_\_\_

**Name of Donor:** \_\_\_\_\_

Domiciled in State of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name of First Annuitant:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name of Second Annuitant:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(please fill in back of form)

**Application for Charitable Gift Annuity (continued)**

**Amount of Gift:** \_\_\_\_\_ **Date of Gift:** \_\_\_\_\_

**Type of Gift:** **Cash \$** \_\_\_\_\_ **Securities:** \_\_\_\_\_ **Other:** \_\_\_\_\_

If Securities: Name of Stock(s): \_\_\_\_\_

Number of Shares: \_\_\_\_\_

Cost Basis: \_\_\_\_\_

Name of Stock Broker: \_\_\_\_\_

Name of Brokerage Firm: \_\_\_\_\_

Address of Brokerage Firm: \_\_\_\_\_

Phone # of Brokerage Firm: \_\_\_\_\_

**Annuity Type:** One-Life \_\_\_\_\_

Two-Life: \_\_\_\_\_

Deferred: \_\_\_\_\_ Payments to Begin on: \_\_\_\_\_

**Income Tax Rate:** \_\_\_\_\_%

**Property Value:** \_\_\_\_\_

**Payment Frequency:** Quarterly: \_\_\_\_\_

Semiannual: \_\_\_\_\_

Annual: \_\_\_\_\_

**Gift Annuity Payout Rate:** \_\_\_\_\_% (See website: <http://www.acga-web.org/giffrates.html> )

**Descriptive Information regarding Assets being Gifted:**

**Description Regarding Use of Residuum (e.g., Gift is Unrestricted):**