

Planned Gift Application

(08312011)

Name of Donor	Name of Joint Donor
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Address, City, State, Zip	
Phone (Home)	(Office) Email
Annuitant / Beneficiary (If not Donor)	Date of Birth
Joint Annuitant / Beneficiary (If not Donor)	Date of Birth

Desired Distributions

Start Date					
Immediate	Deferred	Monthly (\$15,000 min.)	Quarterly (Standard)	Semi-Annual	Annual
Term of Years, if applicable			Years Deferred, if applicable		
<u>Type of Planned Gift</u>					
CGA	DEFERRED CGA	CRAT	ChBS	STANDARD Unitrust	NET INCOME Unitrust
					NIMCRUT

Additional Comments:

Amount of Gift	Cost Basis of Gift	Type or Source of Gift
Sponsoring Foundation Account		Account Number
Advisor's Name	Phone	Email

Suitability Information:

Donor's Income	Net Worth	Tax Rate
Occupation	Relationship to Foundation	

Donor/Annuitant	Date	Joint Donor/Annuitant	Date
Witness		Witness	

Make Checks Payable to "Trust Counselors Network, Inc." and Mail to the Address Above