



Trust Counselors Network, Inc.

Planned Gift Application

(For Proposal Illustrations, Fax this form to (215) 997-9545)

Name of Donor (type or print)

Name of Joint Donor

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Address:

City, State, Zip

Phone (Home)

(Office)

Annuitant (If not Donor)

Date of Birth

Joint Annuitant (If not Donor)

Date of Birth

Desired Frequency of Distributions:

Immediate Annuity Start Date Monthly (\$15,000 min.) Quarterly (Standard) CHARITABLE INSTALLMENT BARGAIN SALE:

Deferred Annuity Semi-Annual Annual Type of Asset _____

CGA DEFERRED CGA CRAT CRUT STANDARD NET INCOME NIMCRUT

Additional Comments: _____

Amount of Gift Cost Basis of Gift Type or Source of Gift

Sponsoring Foundation Account: Account Number Advisor's Name

Suitability Information:

Donor's Income: Net Worth Tax Rate %

Phone:

Fax:

Occupation: Relationship to Foundation:

Donor/Annuitant _____ Date _____

Joint Donor/Annuitant _____ Date _____

Witness _____

Witness _____