



THE UNIVERSITY of
MISSISSIPPI
FOUNDATION

406 University Avenue
Oxford, MS 38655

Gift Annuity Application Form

I (we) hereby make application for a gift annuity subject to the following terms and conditions:

Donor(s) (Enter both names if property is jointly-owned or community property; otherwise enter one name)

Name _____ Name _____
SS# _____ Date of Birth _____ SS# _____ Date of Birth _____
Address _____ Address _____
City _____ State ____ Zip _____ City _____ State ____ Zip _____
Daytime Phone () _____ Daytime Phone () _____

Annuitant (s) (Check one)

- One annuitant
- Two joint and survivor annuitants (payments to both jointly, continuing to the survivor)
- Two successive annuitants (payments to one, then to the survivor)

If annuitant(s) is(are) other than the donor(s), complete the following

First Annuitant _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
SS# _____ Relationship to Donor(s) _____

Second Annuitant _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
SS# _____ Relationship to Donor(s) _____

Contribution (Check all the apply)

- Cash Anticipated Amount: \$ _____
- Securities: (include details if known; otherwise, estimate fair market value and indicate the cost basis)

Description _____

Cost Basis _____ Estimated Fair Market Value: \$ _____

Note: Actual fair market value of securities for calculating the amount of the annuity and tax deduction will be determined when the securities are received by The University of Mississippi Foundation.

Total estimated value of all assets contributed: \$ _____

Annuity Type

Will payment of the annuity be immediate or deferred? _____ Immediate _____ Deferred
If deferred, check and complete either (a) or (b) below:

(a) Payments are to begin on this specific date: _____

(b) Payments may begin on _____ in any year during the period _____
(indicate month/day) (1st possible year)

and _____
(last possible year)

Payment frequently. Check one:

_____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually

Purpose

Indicate the purpose to which gift is to be directed. Undesignated contributions will be used for general purposes.

I have received the disclosure statement from The University of Mississippi Foundation regarding its gift annuity reserves and investment, as required under the Philanthropy Protection Act of 1995. I understand that a charitable gift annuity is irrevocable and, at death of the last annuitant, the portion of my contribution remaining after satisfying the annuity payment obligation will be used by the UM Foundation for the purpose stated above.

Signature of Donor (s): _____ Date: _____

_____ Date: _____