

Office Use Only	
Check #	
Customer #	

Gift Annuity Application

DONOR INFORMATION

Donor #1

Donor's Name	Social Security Number	Date of Birth	
Address	City	State	Zip Code
Email address	Telephone Number		

Donor #2

(If applicable)

Donor's Name	Social Security Number	Date of Birth	
Address	City	State	Zip Code
Email address	Telephone Number		

GIFT ANNUITY INFORMATION

Please make checks payable to Converge Cornerstone Fund

Gift Amount \$ _____

Check One: Single Life Two Life

Type of Annuity: Immediate Annuity Deferred Annuity - Year payments are to begin _____

Annuity Payable: Annually Semi-annually Quarterly

TAX INFORMATION

Select ONE annual income range:

- | | |
|--|---|
| <input type="checkbox"/> Single Person \$0 - \$8,925 | <input type="checkbox"/> Married Couple \$0 - \$17,850 |
| <input type="checkbox"/> Single Person \$8,926 - \$36,250 | <input type="checkbox"/> Married Couple \$17,851 - \$72,500 |
| <input type="checkbox"/> Single Person \$36,251 - \$87,850 | <input type="checkbox"/> Married Couple \$72,501 - \$146,500 |
| <input type="checkbox"/> Single Person \$87,851 - \$183,250 | <input type="checkbox"/> Married Couple \$146,501 - \$223,050 |
| <input type="checkbox"/> Single Person \$183,251 - \$398,350 | <input type="checkbox"/> Married Couple \$223,051 - \$398,350 |
| <input type="checkbox"/> Single Person \$398,351 - \$ + | <input type="checkbox"/> Married Couple \$398,351 - \$ + |

Capital Gains Tax Rate: _____
(If applicable)

