

**National Catholic Community Foundation
(NCCF)
Gift Annuity Application for the Archdiocese for the Military Services, USA (AMS) Fund**

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

Donor(s)

| | |
|-------------------------------------|-------------------------------------|
| Name: _____ | Name: _____ |
| SSN: _____ Date of birth _____ | SSN: _____ Date of birth _____ |
| Address: _____ | Address: _____ |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Phone Number: _____ | Phone Number: _____ |
| Email: _____ | Email: _____ |

Check one:

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

Annuitants

If the gift annuity payments are to someone other than the donor(s) please complete below:

First annuitant

Second Annuitant

| | |
|-------------------------------------|-------------------------------------|
| Name: _____ | Name: _____ |
| SSN: _____ Date of birth _____ | SSN: _____ Date of birth _____ |
| Address: _____ | Address: _____ |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Relationship to donor: _____ | Relationship to donor: _____ |

Contribution (select all that apply)

- ☐ Check amount \$ _____ Check number _____

Make check payable to National Catholic Community Foundation (NCCF)

- ☐ Securities (include details if known; otherwise estimate fair market value and indicate cost basis)

Description (name of security and number of shares) _____

Cost basis _____ Acquisition Date _____ 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 NCCF receives the securities.)

Annuity Type

1. Payment frequency (check one): ____ Quarterly ____ Semiannually ____ Annually

2. Payment type (select one):

☐ Check

☐ Direct Deposit (complete an ACH authorization form below and include a voided check)

| | | | |
|--|--|-----------------|---|
| Name (as it appears on Bank Account) | | Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Bank/Depository Name | | | |
| Account Number | | | |
| ACH Credit Routing Number | | | |

As a beneficiary of the above referenced fund, the undersigned hereby authorizes NCCF to wire, by use of the Automated Clearinghouse System ("ACH"), distributions from the fund directly to the bank account listed above. This authorization shall remain in effect until written notice is given to NCCF by the undersigned.

Signature

_____ Date _____

Beneficiaries (Charity)

Legal Name: Archdiocese for the Military Services, USA Fund

Address: PO Box 4469, Washington, DC 20017

Percent of Gift: 100%

I (we) have received the disclosure statement from NCCF regarding its gift annuity reserves and investments, as required under the Philanthropy Protection Act. I (we) understand that a charitable gift annuity is irrevocable and that, at the death of the last annuitant, the portion of my (our) contribution remaining after satisfying the annuity payment obligation will be used by NCCF.

Signature of donor(s): _____ Date: _____

_____ Date: _____

Return this application to:
National Catholic Community Foundation
1321 Generals Highway Suite 202
Crownsville, MD 21032