

**The University of Tennessee Foundation**  
c/o Office of Planned Giving  
Phone: (865) 974-4826 -- Fax: (865) 974-8870

**GIFT ANNUITY APPLICATION**

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 ( ____ ) _____     |
| Email Address _____              | Email Address _____              |

**Annuitant(s)**

Check one:

- One annuitant
- Two joint and survivor annuitants (payments to both jointly, continuing to the 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) \_\_\_\_\_

**Annuity type:**

Will payment of the annuity be immediate or deferred?  Immediate  Deferred

If deferred 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 \_\_\_\_\_ and \_\_\_\_\_  
(indicate month/day) (1st possible year) (last possible year)

**Payment frequency:** Quarterly (March 31, June 30, September 30, December 31)

**Purpose:**

Indicate the specific campus, college, and/or program and the purpose to which gift is to be directed (scholarships/fellowships, technology enhancements, lab equipment, library acquisitions, etc.) Undesignated contributions will be used for general educational purposes.

Campus \_\_\_\_\_ College \_\_\_\_\_ Program \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Contribution**

**Cash:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Securities:** (include details, estimate fair market value and indicate the cost basis)

Description (name of stock, # shares, mutual fund name, etc.) \_\_\_\_\_

\_\_\_\_\_  
Cost basis \$ \_\_\_\_\_ Estimated fair market value: \$ \_\_\_\_\_

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

**Other Property:**

Description \_\_\_\_\_

\_\_\_\_\_  
Cost basis \_\_\_\_\_ Estimated fair market value: \$ \_\_\_\_\_

Total estimated value of all assets contributed: \$ \_\_\_\_\_

**I have received the disclosure statement from the University of Tennessee Foundation regarding its gift annuity reserves and investments, as required under the Philanthropy Protection Act of 1995. I understand that a charitable gift annuity is irrevocable. At the death of the last annuitant seventy five percent of the residuum will be used as specified by the donor(s) and twenty five percent of the residuum will be used by the Foundation for its charitable support of the University of Tennessee.**

Signature of Donor(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_