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

CHARITABLE 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 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, Inc. 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, ninety-five and one-half percent of the residuum will be used as specified by the donor(s) and four and one-half 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: _____