

DIVINE WORD CHARITABLE GIFT ANNUITY APPLICATION



Mail application to Society of the Divine Word (SVD Funds, Inc.), P.O. Box 6067, Techny, IL 60082

Choose Annuity Type:

- ☐ **SINGLE LIFE:** An individual receives payments immediately and these continue for life.
- ☐ **JOINT LIFE:** Two persons jointly receive payments. Upon the death of one party, payments are transferred to the other and continue for life.
- ☐ **SURVIVORSHIP:** This covers two persons. Payments are made to the donor and upon the donor's death, payments are transferred to the named survivor and continue for life.
- ☐ **DEFERRED:** Can be issued for a single person, jointly or with a survivor. The first payment is deferred to a date chosen by the annuitant. *Payments are to begin on this specific date:* _____ (dd/mm/yyyy)

Choose Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Annuitant 1:

First Name	Middle Initial	Last Name	
Address	City	State	Zip
Social Security Number		Date of Birth	
Telephone Number	Email Address		

Annuitant 2: (for a joint or survivorship annuity)

First Name	Middle Initial	Last Name	
Address	City	State	Zip
Social Security Number		Date of Birth	
Telephone Number	Email Address		

Enclosed is a check in the amount of \$_____ payable to "Society of the Divine Word", along with a copy of my current state ID.

I certify that the information given above is true and accurate. I have received the disclosure statement from Divine Word Charitable Gift Annuity (SVD Funds Inc.) regarding its gift annuity reserves and investments, as required under the Philanthropy Protection Act. I understand that a charitable gift annuity is irrevocable and that, at the death of the last annuitant, the portion of my contribution remaining after satisfying the annuity payment obligation will be used by the Society of the Divine Word for its Charitable purposes.

Signature of Donor(s): _____ Date: _____

Signature of Donor(s): _____ Date: _____