

I/We hereby make application for an immediate charitable gift annuity subject to the following terms and conditions:

DONOR(S) Enter both names if property contributed is jointly owned or community property; otherwise enter name of individual owner of property contributed.

_____ Donor name	_____ Social Security number
_____ Address	_____ Daytime phone number
_____ City, state and ZIP	_____ Date of birth
_____ Joint donor name	_____ Social Security or federal tax ID number
_____ Address	_____ Daytime phone number
_____ City, state and ZIP	_____ Date of birth

ANNUITANT(S) Fill out this section if the annuitant(s) are DIFFERENT than the donors listed above.

A) For one single annuitant, fill in name and information below where indicated

B) If there are two annuitants, fill in names and information below where indicated AND specify if they are:

- Joint Annuitants (payments to both jointly, then to survivor)
- Consecutive Annuitants (payments to one annuitant, then to survivor)

_____ First or Single Annuitant	_____ Social Security number
_____ Address	_____ Daytime phone number
_____ City, state and ZIP	_____ Date of birth
_____ Second Annuitant	_____ Social Security or federal tax ID number
_____ Address	_____ Daytime phone number
_____ City, state and ZIP	_____ Date of birth

CONTRIBUTION – (Minimum: \$50,000)

- Cash \$ _____
▶ Please make check payable to “Raymond James Charitable.”
- Securities
▶ Please refer to page 4 for instructions on making a contribution.
▶ Please attach appropriate additional information as instructed.

ANNUITY PAYMENT FREQUENCY:

- Monthly Quarterly (March, June, September and December)
- Semi-annually (March and September) Annually (March)

All annuity payments are made on or about the last business day of the month or other period.

PURPOSE:

Please indicate how the remainder of your account should be distributed after the death of the final annuitant. Undesignated contributions will be used for general purposes.

- Donor Advised Fund** (complete appropriate section below)
- One-time grant to one or more charitable institutions** (complete appropriate section on the next page)

DONOR ADVISED FUND OPTION

ACCOUNT NAME – You may select any title for the account you wish, and you may include your name or any other name in the title. (For example: “John Smith Memorial Fund.”) Your account will be titled “The [Donor/Joint Donor] Family Foundation” unless you specify otherwise.

PURPOSE – with the Donor Advised Fund Option, you are able to **(A)** name a donor advisor to make recommendations on the account, or **(B)** select an area of charitable interest, or **(C)** create a perpetual gift for your favorite charity(ies).

Check only one (A, B or C):

- Appoint the following as donor advisor

A

Name	Relationship to Donor, if individual	
Social Security or tax ID number	Date of birth	Daytime phone number
Street Address	City, state and ZIP	

B

- Distribution to the following areas of charitable interest (in multiples of 10%):

Aging _____%	Disabilities _____%	Hunger _____%
Animal/wildlife protection _____%	Disaster relief _____%	Mental health _____%
Children’s health _____%	Education _____%	Performing arts _____%
Child abuse prevention _____%	Environmental protection _____%	Poverty _____%
Civil/human rights _____%	Health _____%	Rural concerns _____%
Consumer protection _____%	Homelessness _____%	Women’s issues _____%



Create a perpetual gift to charity listed below (attach Legacy Giving Recommendation form(s) if naming more than one)

Name of charity

Federal tax ID number (if available)

Street Address

City, state and ZIP

Grant Amount: \$ _____ OR _____%

Grant distribution interval: (select one)

Monthly

Quarterly

Grants will be distributed in March, June, September and December.

Semi-annually

Grants will be distributed in June and December.

Annually

Starting: _____ / _____

Month

Year

ONE-TIME GRANT TO ONE OR MORE CHARITIES OPTION

Make a one-time grant to one or more charitable organization(s) (attach Legacy Giving Recommendation form(s) if naming more than one)

Name of charity

Federal tax ID number (if available)

Street Address

City, state and ZIP

RECOMMENDED INVESTMENT – I/We request that the amount held in the charitable gift annuity be invested in one of the following investment objectives (check one):

Balanced objective

Growth with income objective

Growth objective

SIGNATURES

I/We request the Raymond James Trust, N.A. (RJT), trustee of Raymond James Charitable, to utilize the services of the Financial Advisor to assist in servicing this charitable gift annuity. I/We authorize RJT to share such information about this charitable gift annuity as may be required from time to time in order to service this charitable gift annuity.

Financial Advisor Name

FA Number

Branch Number

I/We have received the disclosure brochure from Raymond James Charitable regarding its charitable gift annuity reserves and investments as required by the Philanthropy Protection Act. I/We acknowledge that we have 1) reviewed the disclosure brochure and understand its contents, 2) been afforded the opportunity to consult with counsel, CPA or other tax advisor, 3) understand that RJT, in providing services to Raymond James Charitable, may utilize the services of affiliate companies and those companies will be compensated for their services and 4) further understand that neither RJT nor its parent nor any of its affiliates back, underwrite or otherwise guaranty this charitable gift annuity.

I/We understand that this 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 Raymond James Charitable for the purpose stated above.

Donor signature

Date

Joint Donor signature

Date

HOW TO MAKE A GIFT FUND CONTRIBUTION – These instructions cover contributions of cash and public securities to Raymond James Charitable. If you do not find instructions for your contribution type or if you need assistance, please call your Financial Advisor.

Contribution Type	Mail to the Gift Fund	Instructions
CASH		
Check	CGA Application and check*	Make checks payable to: Raymond James Charitable
Wire Cash	CGA Application*	Call us for complete wiring instructions: 866.687.3863

STOCK CERTIFICATES CGA Application, certificate(s), Gift of Stock or Bond Certificates form, Stock/Bond Power form(s) and Raymond James form #1087 "Authority to Deposit Securities". (We suggest a mail method requiring a receipt and mailing the certificate(s) and Stock/Bond Power(s) in separate envelopes.)*

Submit original Letter of Instruction (see "Gift of Stock or Bond Certificate"). Endorse the Stock/Bond Power(s) exactly as name(s) appear on certificate, and we will complete the rest of the form. Sign one Stock/Bond Power per certificate. Photocopy the Stock/Bond Power as needed. Complete and submit the Raymond James form #1087 "Authority to Deposit Securities".*

CASH OR SECURITIES HELD AT RAYMOND JAMES OR OTHER INSTITUTION

Raymond James Accounts CGA Application and the original Gift of Raymond James Brokerage Assets form.

Other Institutions CGA Application and the original Gift of Brokerage Assets form. (not mutual funds)*

Mutual Funds CGA Application and original Gift of Mutual Funds form. Check with fund company regarding signature guarantee requirements.*

Dividend Reinvestment Plans CGA Application and the letter of instruction. Call us for more information.*

CONTACTING THE ENDOWMENT FUND

Mailing Address	Physical Delivery Address	Phone Numbers
P. O. Box 23559 St. Petersburg, FL 33742	880 Carillon Parkway St. Petersburg, FL 33716	Toll-free: 866.687.3863 Fax: 727.567.8040

*Include copies of W-9 and driver's license or other proof of birth for each annuitant.

RAYMOND JAMES® Charitable