



# CHARITABLE GIFT ANNUITY APPLICATION

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 Endowment Fund.”

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	

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

**B**

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. (RJTNA), trustee of the Raymond James Charitable Endowment Fund (RJCEF), to utilize the services of the Financial Advisor to assist in servicing this charitable gift annuity. I/We authorize RJTNA 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 the RJCEF 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 RJTNA, in providing services to the RJCEF, may utilize the services of affiliate companies and those companies will be compensated for their services and 4) further understand that neither RJTNA 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 the RJCEF 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 the Raymond James Charitable Endowment Fund (RJCEF). 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
<b>CASH</b>		
Check	CGA Application and check*	Make checks payable to: Raymond James Charitable Endowment Fund
Wire Cash	CGA Application*	Call RJCEF for complete wiring instructions: 866.OUR.FUND (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

<b>Raymond James Accounts</b>	CGA Application and the original Gift of Raymond James Brokerage Assets form.
<b>Other Institutions</b>	CGA Application and the original Gift of Brokerage Assets form. (not mutual funds)*
<b>Mutual Funds</b>	CGA Application and original Gift of Mutual Funds form. Check with fund company regarding signature guarantee requirements.*
<b>Dividend Reinvestment Plans</b>	CGA Application and the letter of instruction. Call RJCEF for more information.*

#### CONTACTING THE ENDOWMENT FUND

Mailing Address	Physical Delivery Address	Phone Numbers
P. O. Box 14407 St. Petersburg, FL 33733-4407	880 Carillon Parkway St. Petersburg, FL 33716	Toll-free: 866.OUR.FUND 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 Endowment Fund**