

Marian Fathers of the Immaculate Conception
ASSOCIATION OF  **MARIAN HELPERS**

If you have any questions about gift annuity benefits or completing this application, please contact Ellen Miller by phone: 1-413-298-1380 or email: EMiller@marian.org.

I (we) hereby apply for a Charitable gift annuity with the Marian Fathers of the Immaculate Conception and give irrevocably the amount of \$ _____ (minimum of \$5,000) or the securities listed on the next page for that purpose.

**Please make your check payable to Marian Fathers of the Immaculate Conception.
 For a gift of securities, please contact Ellen Miller for instructions.**

Complete Part A for a One-Life Gift Annuity and Parts A and B for a Two-Life Gift Annuity

PART A. Annuitant _____
 Address _____ Apt. _____
 City _____ State _____ Zip _____
 Social Security Number _____ - _____ - _____
 Date of Birth _____
 Telephone _____
 Email: _____

Complete Part B for a Two-Life Gift Annuity

PART B. Annuitant _____
 Address _____ Apt. _____
 City _____ State _____ Zip _____
 Social Security Number _____ - _____ - _____
 Date of Birth _____
 Telephone _____
 Email: _____

The payments are to be made for: (check one)

- Jointly and then to the survivor
- Two lives in succession—to the first annuitant, then to the successor

PART C. Select the frequency of your payments:

- Annual
- Quarterly
- Monthly (minimum \$10,000 gift)

Your first payment will be at the end of the period starting on the date of your gift, unless you elect to defer the start of your gift annuity payments.

- I elect to have my payments start in Month _____ Year _____.

PART D. Complete this section if you are funding your gift annuity with securities:

Name of company _____ Ticker symbol _____

Number of shares _____

Date of Acquisition ____/____/____ Cost basis _____

(If you need additional space, please attach a separate sheet of paper.)

PART E. Name and address of a relative or friend with whom we may communicate after the last annuitant's death:

Relationship to the annuitant(s): _____

PART F. I authorize direct deposit of my gift annuity payments to my bank account:

9-digit routing number: _____

Account number: _____

Title on account: _____

Bank's name: _____

PART G. Signature of Donor(s):

Donor Date

Donor Date

Please return yours application to:

Ellen Miller
c/o Fr. Joseph, MIC
P.O. Box 716
Stockbridge, MA 01262