

Gift Annuity Application

I am making a contribution in the amount of \$ _____ to establish a Charitable Gift Annuity.

Enclosed is: Check Money Order Securities (See back page for further instructions)

First Annuitant _____ S.S. # _____

Address _____ Birthdate _____

City _____ State _____ ZIP _____ Telephone _____

Second Annuitant _____ S.S. # _____

Address _____ Birthdate _____

City _____ State _____ ZIP _____ Telephone _____

Relationship of First Annuitant to Second Annuitant _____

Donor(s)

If this annuity gift was NOT made by the above mentioned annuitant, please enter name and address of the Donor(s) here (Use additional paper if needed):

Name _____ S.S. # _____

Address _____ Phone _____

IRS Discount Rate

Changes monthly and affects the tax deduction within a 3-month window of gift date.

Please select one option:

I prefer a higher initial income tax deduction.

I want payments that are more tax advantaged over a period of years.

Payments

The SPLC shall make payments (select one): Annually Semi-annually Quarterly Monthly

For a single life annuity, payments will be made to the person named above as **First Annuitant**.

For a two-life annuity (select one):

The check should be made payable to both Annuitants jointly while both are living.

The check should be made payable to the First Annuitant for life then to Second Annuitant for life.

Payments are to start: This Year Defer to Year: _____

Please have payment electronically deposited to the financial institution indicated.

Bank Name _____ Bank Telephone _____

Bank Address _____

Your Account# _____ Savings Checking

Bank Routing# _____

*Please enclose a deposit slip or a voided check.

Securities

If funding with securities, describe here (**required**). Use additional paper if needed:

Number of Shares _____
Company Name _____
Issued in Name of _____
Date _____
Acquired _____
Cost Basis _____

Please make a friend/relative/attorney/business associate aware of your annuity arrangement and request that the SPLC be notified at the time of your death. Please provide names and addresses of people with whom the Southern Poverty Law Center should communicate after Annuitant's death or if Annuitant(s) cannot be located:

Name _____ Relationship _____
Address _____
City _____ State _____ ZIP _____ Telephone _____

Name _____ Relationship _____
Address _____
City _____ State _____ ZIP _____ Telephone _____

Required Disclosure

It is important to the Southern Poverty Law Center and to our State governments that you fully understand that the payments made under a Charitable Gift Annuity are backed only by the full faith and credit of the organization and are not insured or guaranteed by an insurance company or backed in any way by the State of

Please insert your state of residence

Your state's Department of Insurance has neither approved nor disapproved of the gift annuity being offered, nor has it reviewed the information provided to determine its accuracy or completeness.

Gift annuity payments are a general obligation of the SPLC and are backed by all of its assets, including our full endowment and segregated gift annuity reserve fund which is invested in accordance with the laws of all states that regulate charitable gift annuities.

I understand this enclosed disclosure statement and choose to contract a charitable gift annuity with the Southern Poverty Law Center based on its written terms of agreement:

Donor's Signature _____ Date _____

Donor's Signature _____ Date _____

This gift annuity application must be accompanied by proof of age: a photocopy of birth certificate, passport, or a driver's license.