
THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

Request for Charitable Gift Annuity

1. Type of Annuity Requested

- Immediate Payment. Please start payments this year.
- Deferred Payment. Please start payments ____ year(s) from now.
Start date must be at least one year in the future.
- Flexible Deferred. Earliest payment start date: ____ years(s) from now.
Must be at least one year in the future.
Latest payment start date: ____ years from now.
Must not be more than 20 years in the future.

2. Payment Frequency

- Annually Semiannually Quarterly Monthly

3. Direct Deposit Yes No

4. Duration

- One Life
- Two Life – Please check one: Joint & Survivor Successive Interests

5. Donor(s)

Name(s): _____

Social Security Number(s) ____ - ____ - ____ ____ - ____ - ____

Date(s) of birth: ____/____/____ ____/____/____

Address _____ Telephone: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____

6. Annuitant(s): Annuity payments should be made to:

Name of 1st Annuitant: _____ Social Security #: _____

Address (if different from above): _____

City: _____ State: _____ ZIP: _____ DOB: _____

If applicable:

Name of 2nd Annuitant: _____ Social Security #: _____

Address (if different from above): _____

City: _____ State: _____ ZIP: _____ DOB: _____

7. Amount:

Cash/Check \$_____ (Please make check payable to **The George Washington University**)

Credit Card \$_____ Visa Mastercard American Express
Acct. No. _____ Exp. _____ Security Code _____

Securities \$_____ (estimated current value)

Please list name of each security and anticipated number of shares to be given:

Date(s) acquired: _____ Cost basis: _____

Estimated date of transfer: _____

Name of broker: _____ Phone: _____

8. Distribution of Charitable Amount

Please direct the remainder value of this gift annuity, in the percentages specified (total must equal 100%), to the following:

_____ % **Unrestricted Support** of The George Washington University

_____ % **School or Program** (please list) _____

_____ % **Scholarship Assistance** (list school or specific fund) _____

_____ % **Other** (please describe) _____

9. Irrevocability

I have read the disclosure document provided to me by the George Washington University. I understand a charitable gift annuity is irrevocable. I also understand that, because this annuity involves a charitable gift, the annuity payout rate may be lower than rates available with commercial annuities offered by banks and other institutions. I have verified the information provided above and acknowledge that it is correct.

10. Gift Annuity Agreement

The information provided on this form will be incorporated in a separate "Gift Annuity Agreement," which will be issued by the University and signed by the donors and a representative of GW.

11. Signature(s) of Donor(s)

12. Date(s)

Please complete and return this form to:

Office of Planned Giving
The George Washington University
2033 K St, NW, Suite 300
Washington, DC 20052
(877) 498-7590; pgiving1@gwu.edu