



CHARITABLE GIFT ANNUITY APPLICATION & AGREEMENT

IN SUPPORT OF _____

Section One – Personal Information

DONOR 1

DONOR 2

Full Name: _____
 SSN #: _____ (complete ONLY if Annuitant)
 Birthdate: ___/___/____ Gender: _____
 Citizenship: U.S. Other: _____ RA NRA
 Address: _____
 City: _____ State: _____ Zip: _____
 Primary Contact Number: Home Cell Work
 (H) _____ (C) _____ (W) _____
 Email: _____

Full Name: _____
 SSN #: _____ (complete ONLY if Annuitant)
 Birthdate: ___/___/____ Gender: _____
 Citizenship: U.S. Other: _____ RA NRA
 Address: _____
 City: _____ State: _____ Zip: _____
 Primary Contact Number: Home Cell Work
 (H) _____ (C) _____ (W) _____
 Email: _____

Section Two – Annuitant Information & Emergency Contact

The annuity will be payable to (choose one):

- One Annuitant Two Annuitants, then to the surviving Annuitant One Annuitant first, then to the surviving Annuitant

The Annuitant(s) is/are as follows (choose one):

- I/We are the Annuitant(s) The Annuitant(s) is/are as follows:

ANNUITANT 1

ANNUITANT 2

(If "One Annuitant, then Surviving Annuitant" option is selected, please note first Annuitant here)

Full Name: _____
 SSN #: _____
 Birthdate: ___/___/____ Gender: _____
 Citizenship: U.S. Other: _____ RA NRA
 Address: _____
 City: _____ State: _____ Zip: _____
 Primary Contact Number: _____
 Email: _____
 Relationship to Donor: _____

Full Name: _____
 SSN #: _____
 Birthdate: ___/___/____ Gender: _____
 Citizenship: U.S. Other: _____ RA NRA
 Address: _____
 City: _____ State: _____ Zip: _____
 Primary Contact Number: _____
 Email: _____
 Relationship to Donor: _____

In the event the Annuitant(s) is/are unable to be reached in connection with their annuity payments, please contact:

Name: _____
 Email: _____

Primary Contact Number: _____
 Relationship to Donor/Annuitant: _____

DISCLOSURE: A charitable gift annuity is not insurance under the laws of the State of Hawaii, is not subject to regulation by the insurance division, and is not protected by any state guaranty fund.

Section Three – Annuity Information

I/We would like the annuity payment to be (choose one):

- Immediate
- Deferred, with payments to begin on _____

I/We would like the annuity payment to be (choose one):

- Quarterly
- Semi-Annually
- Annually

I/We prefer the annuity payment be made by (choose one):

- Check
- Direct Deposit (please attach voided check or direct deposit slip)

Section Four – Contribution Information

I/We would like to contribute the following assets to our charitable gift annuity:

(May include cash and marketable securities. All other assets, such as real estate, retirement accounts, life insurance, business and/or partnership interests is subject to the Foundation's prior consent)

Asset Type & Description	Date Purchased	Ownership <small>(Donor 1, Donor 2, Joint)</small>	Cost Basis	Current Value
<i>Example: 100 shares of XYZ Company stock, held at ABC Bank</i>	<i>1/1/2014</i>	<i>Donor 1</i>	<i>\$50,000</i>	<i>\$100,000</i>
				\$
				\$
				\$
				\$
Total Value =				\$

Section Five – Charitable Gift Purpose(s)

Upon the passing of the annuitant(s) and after the Foundation's loss reserve charge is assessed against the residuum, I/we choose one of the two following two options.

- [] (Option 1) **ENDOWMENT**: 90% of the residuum shall go to the _____ Prosperity Fund, an endowed designated fund at the Hawaii Community Foundation as a perpetual gift for the benefit of _____.
- [] (Option 2) **OUTRIGHT**: 50% of the residuum shall go outright to _____ in support of its charitable mission. The remaining residuum shall go outright to the Hawaii Community Foundation to cover charitable gift annuity administrative expenses incurred as Sponsor.

Check this box if you wish to attach additional instructions. Such instructions are subject to prior approval by the Foundation.

Section Six – Fund Anonymity

As you are making a legacy gift through our sponsored Charitable Gift Annuity program, the sponsored charity may recognize you for your charitable gift through its communications, unless you wish to remain anonymous. At the same time, HCF will not include you in its communications, absent your approval below.

- o I/We would like to be listed in HCF's written and electronic publications
- o I/We would like to receive copies of HCF's written and electronic publications

Section Seven – Annuity Payments & Payment Dates (To Be Filled Out By Authorized Foundation Staff)

The Foundation shall owe an annual annuity of \$_____ from the date of this Agreement and shall pay such amount to the Annuitant(s) so long as the Annuitant(s) is/are alive.

For two Annuitants, payments shall be made as indicated in Section Two of the Agreement (i.e., to both Annuitants first, then to the Surviving Annuitant OR to one Annuitant, then to the other Annuitant if then living).

The annuity shall be paid to the Annuitant(s) in [quarterly/semi-annual/annual] installments as requested by the Donor in Section Three of this Agreement.

Pro-rated installments of \$_____ shall begin on _____.

NOTE: These installments are pro-rated based of the number of days remaining in that period.

Subsequent installments of \$_____ shall begin on _____ and continue every period thereafter.

If the Annuitant dies before the commencement of any payment, the Foundation is released from its obligation to the Annuitant under this Agreement

ADDITIONAL INSTRUCTIONS: _____

Section Eight – Acknowledgement & Agreement

This annuity is irrevocable and non-assignable, except that it may be assigned to the Foundation. The Foundation's obligation under this Agreement shall terminate with the regular payment preceding the last Annuitant's death.

The Donor(s) agree(s) to all terms and conditions as set forth in the *Charitable Gift Annuity Disclosure Statement* ("Disclosure Statement"), which is incorporated herein by this reference, and that such terms and conditions are subject to change without prior notice to the Donor(s). By signing below, the Donor(s) acknowledge that he/she received and reviewed a copy of the Disclosure Statement.

If the Foundation decides to reinsure this annuity, it may have to share personal information on the Annuitant(s) with a life insurance company. The Annuitant(s) agree(s) to assist the Foundation to the extent that the Annuitant(s) signature(s) or any other personal information is/are necessary in order to complete a reinsurance inquiry or transaction.

The Donor(s) agree(s) that the residuum and all matters relating to it are subject to the terms, conditions and provisions of the Articles and By-Laws, as amended, of the Foundation including the "variance power" provisions which authorizes the Foundation to modify any restriction or condition on the distributions of a fund for any specified charitable purpose or organization if, in the sole judgment of the foundation, such restriction or condition become unnecessary, incapable of fulfillment or inconsistent with the charitable needs served by the Foundation. In the event of any conflict between the Articles and By-Laws and this Agreement, the Articles and By-Laws shall control.

This Agreement constitutes the entire agreement of the parties and shall be governed by the laws of the State of Hawai'i.

IN WITNESS WHEREOF, the Donor(s), Annuitant(s) and the Foundation have executed this Agreement on this _____ day of _____, 20_____.

DONOR'S SIGNATURE

ANNUITANT'S SIGNATURE (if different from Donor)

DONOR'S SIGNATURE

ANNUITANT'S SIGNATURE (if different from Donor)

HAWAII COMMUNITY FOUNDATION

Name:
Its:

DISCLOSURE: A charitable gift annuity is not insurance under the laws of the State of Hawaii, is not subject to regulation by the insurance division, and is not protected by any state guaranty fund.