

Charitable Gift Annuity Illustration Request Form

Basic information needed to get a preliminary CGA illustration:

Annuitant(s) full name(s) and birthdates:

1. _____ birthdate ____/____/____

2. _____ birthdate ____/____/____

State of Residency: _____

Amount of and type of asset to be used:

Cash \$ _____ Other assets :

Securities: _____ Today's approx. value: \$ _____

Cost Basis: \$ _____

Type of gift annuity:

Immediate: when to start? _____

Payment frequency: Qtrly (4 x/yr) _____ Semi-annually (2 x/yr) _____ Annually (M/D/Y) ____/____/____

Deferred: (to when?) ____/____/____

Flexible deferred: possible start date? ____/____/____

Approx. date of gift: ____/____/____

Date to begin receiving payments: ____/____/____

Charity requesting illustration: _____

Contact name: _____

Contact phone: (____) _____ - _____ State: _____

Contact email: _____

Email this request to CGA Solutions Program at:

Email: Johnne@nationalgiftannuity.org

Phone: (515) 277-4050