

ANNUITY INFORMATION FORM

NAME OF ANNUITANT: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SOC. SEC. # _____ - _____ - _____ DATE OF BIRTH: _____

NAME OF JOINT ANNUITANT: _____

(If Two Life Annuity)

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SOC. SEC. # _____ - _____ - _____ DATE OF BIRTH: _____

AMOUNT: _____ DATE OF ANNUITY: _____

or description and approximate value of common stock or other approved property to be donated
(please include the fair market value of the common stock or property)

PERIODIC INCOME REQUESTED:

Annual ___ Semi-Annual ___ Quarterly ___ Monthly ___

RESTRICTIONS (if any):

Church Building/Maintenance ___ Diocesan Programs ___ General Operations ___

We advise you to seek the advice of a qualified estate and/or tax professional to determine the tax consequences of your gift.

Disclosure: This qualified charitable gift annuity is not an insurance policy in the State of Alaska, is not subject to regulation by the Insurance Division and is not protected by the Life and Health Insurance Guaranty Association established under Alaska Statute AS 21.79.040 or any other association that guarantees payment under a policy of insurance. The State of Alaska does not in any way approve or endorse this annuity agreement.

Thank you for your interest in starting an annuity with the Catholic Bishop of Northern Alaska, the Diocese of Fairbanks. Please send this information sheet with your check to 1316 Peger Road, Fairbanks, Alaska 99709.

We appreciate your gift and prayers to further our mission work here in northern and western Alaska.