



GIFT ANNUITY – Application and Direct Deposit Authorization Form

SCHOOL SISTERS OF NOTRE DAME • MILWAUKEE PROVINCE

13105 Watertown Plank Road • Elm Grove, WI 53122-2291

Phone: 262-787-1036 • Please visit us at www.ssnd-milw.org

Please print this form, complete and mail it to the School Sisters of Notre Dame at the address listed above.

Enclosed is my check for \$ _____ (\$1,000 minimum).

Please Note: The minimum age for an annuity is 65 or for a deferred annuity it is 55.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Social Security # ____-____-____ Phone _____

Please provide the name of a relative or your personal representative (POA) and his/her phone number in case we are unable to reach you.

Name/Phone: _____

Please send proof of age such as a copy of your birth certificate or passport.

PREFERRED PAYMENT SCHEDULE

Annually (\$1,000 minimum) Semi-annually (\$5,000 minimum) Quarterly (\$10,000 minimum)

FOR TWO-LIFE ANNUITY

Name of Second Annuitant: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Social Security # ____-____-____ Phone _____

FOR EFT TRANSFERS TO YOUR BANK

I authorize the School Sisters of Notre Dame and the financial institution listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account. This authority will remain in effect until I have cancelled it in writing.

Bank Transit Routing #: _____

Checking OR Savings (circle one) – Account #: _____

Bank Name/Address/Phone: _____

USING STOCK FOR A GIFT ANNUITY

Number of shares of Stock Name

Stock cost basis is required to establish a gift annuity: \$ _____ per share, bought _____

Signature of Benefactor Date