



SACRED HEART SOUTHERN MISSIONS

P.O. Box 300 • Walls, Mississippi 38680 • 888.217.4829 • www.shsm.org

Gift Annuity Application

Dear Father Jack:

I need more information. Please send me a personal illustration of the income I could receive from a Sacred Heart Southern Missions Charitable Gift Annuity. I have completed my information below with my date of birth.

I would like to arrange a gift annuity with Sacred Heart Southern Missions in the amount of \$ _____ (minimum amount is \$1,000). Enclosed is my check or securities for that amount. I am using securities, and my cost basis is \$ _____.

Type of Gift Annuity:

(please check one)

(please check one)

One-Life Annuity

Immediate Payment

Two-Life Annuity

Deferred Payment (Date of first payment _____)
(mo./yr.)

Payments to be made: annually semi-annually quarterly monthly
(only on gifts of \$10,000 or more)

A direct transfer of IRA assets cannot be made to fund a gift annuity.

First Annuitant:

NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ PHONE NUMBER (_____) _____
MONTH DAY YEAR

SIGNATURE DATE SOCIAL SECURITY NUMBER

Second Annuitant: (if applicable)

NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ PHONE NUMBER (_____) _____
MONTH DAY YEAR

SIGNATURE DATE SOCIAL SECURITY NUMBER