



**Application for a  
One-Life Gift Annuity  
Agreement**

**Community Foundation of Tampa Bay, Inc.  
550 North Reo Street, Suite 301  
Tampa, Florida 33609  
(813) 282-1975**

I hereby apply for a one-life annuity agreement with the Community Foundation of Tampa Bay, Inc. (hereinafter referred to as "Foundation"). A value of \$\_\_\_\_\_ of securities shall be transferred to the Foundation. Annual annuity payments shall total \$\_\_\_\_\_. I understand that this agreement shall be governed and administered according to the following set of facts:

**PERSONAL DATA**

1. The annuitant (the person who is to receive gift annuity payments) under this agreement is:

\_\_\_\_\_

2. The address to which annuity payment checks are to be sent is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

3. The Social Security number of the annuitant is:

\_\_\_\_\_

4. I certify that the date and year of birth of the annuitant is:

\_\_\_\_\_

5. The person(s) funding this annuity agreement is/are:

\_\_\_\_\_

**PAYMENT DATA**

1. Annuity payments under this agreement are to be made quarterly.

The Foundation payment dates are as follows: March 31, June 30, September 30 and December 31.

First payments for annuity agreements signed at interim dates are prorated according to the date of the annuity contract.

**ADDITIONAL PROVISIONS**

1. The name and address of a friend or relative with whom the Foundation may communicate in the event that there is some question concerning the date of death of the annuitant:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

2. I understand that if appreciated capital gains property is used to fund this gift annuity agreement, there will be a partial capital gains tax liability, and I have received a calculation of that liability.
3. Upon termination of the gift annuity contract, all remaining funds shall be added to the \_\_\_\_\_ Fund within the Community Foundation of Tampa Bay and shall be used to further the stated purposes of the Fund as defined in the Fund Agreement executed \_\_\_\_\_.

**ASSETS ESTABLISHING THE ANNUITY:**

The tax basis of assets transferred to the Foundation to fund the annuity will determine what portion of the payments are tax-free.

| <u>Name of Securities</u> | <u>Number of Shares</u> | <u>Tax Basis**</u> |
|---------------------------|-------------------------|--------------------|
| _____                     | _____                   | _____              |
| _____                     | _____                   | _____              |
| _____                     | _____                   | _____              |
| _____                     | _____                   | _____              |
| _____                     | _____                   | _____              |

*\*\*Donor certifies that donated stock qualifies for long-term capital gain (owned by the donor for at least one year plus one day)*

**ACCEPTANCE AND CERTIFICATION:**

I certify that the facts contained in this application are true and complete as represented, and that I have reviewed the most recent year-end Financial Statements and Annual Report of the Foundation as well as the Deduction Calculations and Summary of Benefits which describe my annuity benefits and tax consequences and understand the transaction into which I enter.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

, Annuitant

## GIFT ANNUITY AGREEMENT

The Community Foundation of Tampa Bay, Inc. (herein after referred to as "Foundation"), a nonprofit corporation, of Tampa, Florida, hereby does agree and bind itself and its successors to pay to \_\_\_\_\_ residing at

\_\_\_\_\_ for his/her life an annuity or annual sum of \$\_\_\_\_\_ to be paid in equal quarterly payments commencing the last day of \_\_\_\_\_, \_\_\_\_\_.

The Foundation's obligation to make annuity payments shall terminate after the last payment immediately preceding or coincident with the death of \_\_\_\_\_. With this payment it is expressly agreed that the Foundation shall be discharged and forever released from any further responsibility or obligation that may have been assumed by it under this agreement.

The Annuity is nonassignable.

The Foundation certifies that \_\_\_\_\_, in consideration of the execution of this Gift Annuity Agreement, has this day contributed and voluntarily given to the Foundation the sum of \$\_\_\_\_\_, receipt of which is hereby acknowledged.

The date of birth of \_\_\_\_\_ is the \_\_\_\_\_ day of \_\_\_\_\_.

This Annuity shall be governed by the laws of the State of Florida.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

DONOR:

\_\_\_\_\_

**COMMUNITY FOUNDATION OF TAMPA BAY, INC.**

By: \_\_\_\_\_

As Its: \_\_\_\_\_

(Note: This Annuity is not issued by an insurance company, is subject only to limited regulation by the State of Florida, and is not protected or otherwise guaranteed by any government agency.)

Number: \_\_\_\_\_