

APPALACHIAN BIBLE COLLEGE

APPLICATION FOR A ONE OR TWO-LIFE GIFT ANNUITY

FULL NAME: MR. MRS. MISS _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: (____) _____

DATE OF BIRTH: ____/____/____ (APPLICANT MUST BE AT LEAST 60 YEARS OF AGE TO QUALIFY)

SOCIAL SECURITY NUMBER: _____ - _____ - _____ E-MAIL: _____

I/WE ARE APPLY FOR A GIFT ANNUITY IN THE AMOUNT OF \$ _____ (MINIMUM OF \$5,000.00)

I/WE ARE FUNDING MY/OUR ANNUITY:

_____ BY CHECK OR MONEY ORDER

_____ THROUGH THE TRANSFER OF A SECURITY (STOCK, BOND, MUTUAL FUND)

I/WE WISH TO RECEIVE PAYMENTS: _____ MONTHLY OR _____ QUARTERLY

PLEASE COMPLETE THE SECTION BELOW ONLY IF YOU ARE INTERESTED IN A TWO-LIFE ANNUITY
(APPLICANT MUST BE AT LEAST 60 YEARS OF AGE TO QUALIFY FOR A GIFT ANNUITY)

FULL NAME: MR. MRS. MISS _____

YOUR RELATIONSHIP TO THE PRIMARY APPLICANT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: (____) _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

IT IS MY/OUR UNDERSTANDING THAT THE GIFT ANNUITY IS NON-REFUNDABLE, AND AT MY/OUR DEATH THE SAID ANNUITY WILL REMAIN WITH APPALACHIAN BIBLE COLLEGE.

SIGNATURE OF APPLICANT

SIGNATURE OF SECOND APPLICANT

_____ DATE _____ DATE _____

NOTE: IF YOU ARE INTERESTED IN TRANSFERRING STOCK OR SECURITIES TO PURCHASE AN ANNUITY, PLEASE CONTACT US FOR SPECIFIC INSTRUCTIONS.

SEND THIS APPLICATION ALONG WITH YOUR CHECK OR MONEY ORDER TO:

APPALACHIAN BIBLE COLLEGE • DONOR RELATIONS
161 COLLEGE DR. • MT. HOPE, WV 25880

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US TOLL FREE AT: 1-800-678-9222
OR EMAIL US AT GIVE@ABC.EDU