



Charitable Gift Annuity Application

Mayo Clinic
Department of Development
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“At the close of a man’s life, to estimate his worth it is wise to see him in relation to his life surroundings, to know not only the part he played as an individual, but also as a component part of the great events to which he contributed to the betterment of mankind.”

Dr. William J. Mayo

Charitable Gift Annuity

Mayo Clinic, through its related entity, Mayo Foundation for Medical Education and Research ("Mayo"), offers charitable gift annuities ("Annuities" or "CGAs") to friends who wish to make charitable provision for medical education, medical research and patient care at Mayo, while also securing a lifetime stream of payments for themselves or others. A charitable gift annuity is a simple contract between the donor(s) and Mayo. In exchange for the irrevocable contribution made by the donor(s), Mayo promises to make fixed, guaranteed payments for life to one or two annuitants ("Annuitants").

I (we) hereby make application for a charitable gift annuity subject to the following terms and conditions.

1. Donor(s)

(If donor(s) will also be annuitant(s), enter just name(s) here.)

First Name: _____ MI: _____ Last Name: _____

Legal Residence: _____

City: _____ State: _____ Zip: _____

First Name: _____ MI: _____ Last Name: _____

Legal Residence: _____

City: _____ State: _____ Zip: _____

2. Annuitant(s)

Check only one

One annuitant

Two annuitants, joint-and-survivor interests (payments to both jointly, continuing to the survivor)

Two annuitants, successive interests (payments to one, then to the other if he/she survives the first)

First Annuitant

First Name: _____ MI: _____ Last Name: _____

Legal Residence: _____

City: _____ State: _____ Zip: _____

Relationship to Donor(s): _____ Date of Birth (mm/dd/yyyy): _____

Daytime Phone: _____ Fax: _____ Email: _____

Second Annuitant

First Name: _____ MI: _____ Last Name: _____

Legal Residence: _____

City: _____ State: _____ Zip: _____

Relationship to Donor(s): _____ Date of Birth (mm/dd/yyyy): _____

Daytime Phone: _____ Fax: _____ Email: _____

3. Contribution

Cash – Amount \$ _____

(Make checks payable to Mayo Clinic. If funds originate from a trust, a confirmation letter is required.)

Securities – Cost basis and ownership information is required. If any contributed security has been held for less than one year or if the basis is more than the current value, please discuss with a Mayo Clinic development officer BEFORE making the gift. Attach additional information if needed.

Description: _____

Cost Basis: \$ _____ Date of Acquisition: _____

Estimated Market Value: \$ _____

(Note: Actual fair market value of securities for calculating the amount of the annuity and tax deduction will be determined when the securities are received by Mayo Clinic.)

Ownership of Assets (*choose only one*)

Jointly Owned by: _____ and _____

Solely Owned by: _____

Held in Trust Name: _____ (confirmation letter required)

Total Contribution (estimated): \$ _____

4. Annuity Type

Will the payment of the annuity be immediate or deferred? Immediate Deferred* (*see below*)

*Complete (a) or (b) below (must be deferred at least 12 months):

If deferred:

(a) Payments are to begin on this specific date: _____

(Last day of any calendar quarter in any year at least one year from date of gift.)

If flexible and deferred:

(b) Payments may begin on _____ (indicate last day of any calendar quarter) in any year during the period from _____ (first possible year) through _____ (last possible year).

5. Payment

Mayo prefers quarterly payments by automatic deposit. The more frequent the installments, the lower the charitable deduction.

Please check only one: Quarterly Semi-annually Annually

6. Applicable Federal Rate (Discount Rate)

Choose only one:

- I (we) elect the discount rate that will result in the highest available tax deduction.
- I (we) elect the discount rate that will result in the highest available tax-free portion of annuity payments.

7. Purpose

I (we) want the amount of my (our) contribution in excess of the amount needed by Mayo Foundation for Medical Education and Research to satisfy its obligation under the Agreement to be used for: (*choose only one*)

- Unrestricted (Directed by the Board of Trustees to the area of greatest need)
- Restricted (Please state designation) _____

8. Certification

I (we) hereby certify that I (we):

- have reviewed all the information contained in this Application and believe the information I (we) have provided to be accurate.
- have received a disclosure statement as required under the Philanthropy Protection Act.
- understand that my (our) gift is irrevocable and that the right to the annuity amount may not be assigned to any person or organization other than Mayo.
- understand that payments made under a CGA are backed solely by the full faith and credit of Mayo, are not issued or guaranteed by an insurance company, are not protected by any insurance guaranty association and are not backed in any way by states or any governmental agency.
- understand that if the Board of Trustees of Mayo Clinic determines that the use of the gift as stated in this Application has become obsolete, inappropriate or impractical, Mayo shall use the gift to support its other activities in a manner as close to the spirit of my (our) original expressed intent as possible.
- understand that the gift annuity is governed by applicable state laws.
- understand that I (we) should consult my (our) own advisors about the benefits and consequences of making a gift.

If you have any questions about statements made in this Application or would like any additional information, please contact the Department of Development Mayo Clinic at 800-297-1185 before signing this document.

Donor Signature

Print Name

Date

Second Donor Signature

Print Name

Date