

I/We hereby make application for an immediate charitable gift annuity subject to the following terms and conditions:

DONOR(S) - Enter both names if property contributed is jointly owned or community property; otherwise enter name of individual owner of property contributed.

Donor name

Social security number

Address

Daytime phone number

City, state and zip

Date of birth

Joint donor name

Social security or federal tax ID number

Address

Daytime phone number

City, state and zip

Date of birth

ANNUITANT(S) - Fill out this section if the annuitant(s) are **DIFFERENT** than the donors listed above.

A) For one **single annuitant**, fill in name and information below where indicated

B) If there are **two annuitants**, fill in names and information below where indicated **AND** specify if they are:

- Joint Annuitants (payments to both jointly, then to survivor)
- Consecutive Annuitants (payments to one annuitant, then to survivor)

First or Single Annuitant

Social security number

Address

Daytime phone number

City, state and zip

Date of birth

Second Annuitant

Social security or federal tax ID number

Address

Daytime phone number

City, state and zip

Date of birth

CHARITABLE GIFT ANNUITY APPLICATION

CONTRIBUTION – (Minimum: \$50,000)

Cash \$ _____

Please make check payable to “Raymond James Charitable Endowment Fund.”

Securities

Please refer to page 4 for instructions on making a contribution.

Please attach appropriate additional information as instructed.

ANNUITY PAYMENT FREQUENCY:

Monthly

Quarterly (March, June, September and December)

Semi-annually (June and December)

Annually (December)

All annuity payments are made on or about the last business day of the month or other period.

PURPOSE:

Please indicate how the remainder of your account should be distributed after the death of the final annuitant.

Undesignated contributions will be used for general purposes.

Donor Advised Fund (complete appropriate section below)

One-time grant to one or more charitable institutions (complete appropriate section on the next page)

Donor Advised Fund Option

ACCOUNT NAME - You may select any title for the account you wish, and you may include your name or any other name in the title. (For example: “John Smith Memorial Fund.”) Your account will be titled “The [Donor/Joint Donor] Family Foundation” unless you specify otherwise.

PURPOSE - with the Donor Advised Fund Option, you are able to (a) name a donor advisor to make recommendations on the account, or (b) select an area of charitable interest, or (c) create a perpetual gift for your favorite charity.

CHECK ONLY ONE:

Appoint the following as donor advisor

Name

Relationship to Donor, if individual

Social Security or tax ID number

Date of birth

Daytime phone number

Street Address

City, state and zip

Distribution to the following areas of charitable interest (in multiples of 10%):

Aging	_____%	Disabilities	_____%	Hunger	_____%
Animal/wildlife protection	_____%	Disaster Relief	_____%	Mental Health	_____%
Children’s health	_____%	Education	_____%	Performing arts	_____%
Child abuse prevention	_____%	Environmental protection	_____%	Poverty	_____%
Civil/human rights	_____%	Health	_____%	Rural concerns	_____%
Consumer protection	_____%	Homelessness	_____%	Women’s Issues	_____%

CHARITABLE GIFT ANNUITY APPLICATION

Create a perpetual gift to charity listed below (attach separate sheet for more than one)

Name of charity

Federal tax ID number (if available)

Street Address

City, state and zip

Grant Amount: \$ _____ OR _____ %

Grant distribution interval: (select one)

Quarterly Grants will be distributed in March, June, September and December.

Semi-annually Grants will be distributed in June and December.

Annually Starting: _____ / _____
Month Year

One-Time Grant to One or More Charities Option

Make a one-time grant to one or more charitable organization(s) (attach separate sheet for more than one)

Name of charity

Federal tax ID number (if available)

Street Address

City, state and zip

RECOMMENDED INVESTMENT – I/We request that the amount held in the charitable gift annuity be invested in one of the following investment objectives (check one):

Balanced objective

Growth with income objective

Growth objective

SIGNATURES

I/We request the Raymond James Trust Company (RJTC), trustee of the Raymond James Charitable Endowment Fund (RJCEF) to utilize the services of the Financial Advisor to assist in servicing this charitable gift annuity. I/We authorize RJTC to share such information about this charitable gift annuity as may be required from time to time in order to service this charitable gift annuity.

Financial Advisor Name

FA Number

I/We have received the disclosure brochure from the RJCEF regarding its charitable gift annuity reserves and investments as required by the Philanthropy Protection Act. I/We acknowledge that we have 1) reviewed the disclosure brochure and understand its contents, 2) been afforded the opportunity to consult with counsel, CPA or other tax advisor, 3) understand that RJTC, in providing services to the RJCEF, may utilize the services of affiliate companies and those companies will be compensated for their services and 4) further understand that neither RJTC nor its parent nor any of its affiliates back, underwrite or otherwise guaranty this charitable gift annuity.

I/We understand that this charitable gift annuity is irrevocable and that, at the death of the last annuitant, the portion of my contribution remaining after satisfying the annuity payment obligation will be used by the RJCEF for the purpose stated above.

Donor signature

Date

Joint Donor signature

Date

CHARITABLE GIFT ANNUITY APPLICATION

HOW TO CONTRIBUTE – These instructions cover contributions of cash and public securities. If you do not find instructions for your contribution type or if you need assistance, please call your Financial Advisor.

Contribution Type	Mail to the Gift Fund	Instructions
CASH		
Check	CGA Application and check	Make checks payable to: Raymond James Charitable Endowment Fund
Wire Cash	CGA Application	Wire to: Bank of America Concord, CA ABA# 111000012 Credit Raymond James Trust Company Customer Service AC#3756288746 Further Credit RJCEF Account # _____ (call RJCEF for this number)

STOCK CERTIFICATES GGA Application, certificate(s), Gift of Stock or Bond Certificates form, Stock/Bond Power form(s) and Raymond James form #1087 “Authority to Deposit Securities”. (We suggest a mail method requiring a receipt and mailing the certificate(s) and Stock/Bond Power(s) in separate envelopes).

Submit original Letter of Instruction (see “Gift of Stock or Bond Certificate”). Endorse the Stock/Bond Power(s) exactly as name(s) appear certificate and we will complete the rest of the form. Sign one Stock/Bond Power per certificate. Photocopy the Stock/Bond Power as needed. Complete and submit the Raymond James form #1087 “Authority to Deposit Securities”.

CASH OR SECURITIES HELD AT RAYMOND JAMES OR OTHER INSTITUTION

Raymond James Accounts	CGA Application and the <u>original</u> Gift of Raymond James Brokerage Assets form.
Other Institutions	CGA Application and the <u>original</u> Gift of Brokerage Assets form. (not mutual funds)
Mutual Funds	CGA Application and <u>original</u> Gift of Mutual Funds Form. Check with fund company regarding signature guarantee requirements.
Dividend Reinvestment Plans	CGA Application and the letter of instruction. Call RJCEF for more information.

CONTACTING THE ENDOWMENT FUND

Mailing Address	Physical Delivery Address	Phone Numbers
P. O. Box 14407 St. Petersburg, FL 33733-4407	880 Carillon Parkway St. Petersburg, FL 33716	Toll-free: 866-OUR-FUND 866-687-3863 Fax: 727-567-8040