



**APPLICATION FOR CERTIFICATION OF EXEMPTION TO ISSUE GIFT ANNUITIES**  
**NORTH DAKOTA STATE INSURANCE DEPARTMENT**  
**COMMISSIONER OF INSURANCE**  
 SFN 17914 (7-91)

Full Name of Corporation		Telephone Number	
Other Names Corporation Has Been Known By Or Is DBA			
Address	City	State	Zip Code
Type of Business <input type="checkbox"/> Educational <input type="checkbox"/> Religious <input type="checkbox"/> Other (Specify)			
Federal I.D. Number	State in Which Incorporated	Date Incorporated	

**INCLUDE WITH APPLICATION:**

1. \$100.00 Fee
2. Financial Report
  - a. The corporation's latest financial statement must be attached to this application.
  - b. The financial statement must include the financial condition, management, and affairs of the corporation. The statement must consist of a balance sheet and income and expense statement showing the current financial condition of the corporation. The statement must be accurate and complete.
  - c. The financial statement must be accompanied by a sworn certificate of the officer of the corporation having responsibility for preparing the financial statement.
3. Tax-exempt Status  
The corporation shall submit sufficient evidence that it possesses a current tax-exempt status under the laws of the United States.
4. Attachment A  
Agent of Process  
The corporation shall submit a designation form appointing the Commissioner of Insurance as its attorney upon whom may be served all lawful process in any action, suit, or proceeding instituted by or on behalf of an annuitant or beneficiary arising out of any annuity contract.
5. Attachment B
  - a. Segregated Account  
The corporation shall submit a form agreeing to maintain a segregated account that complies with each specification set forth in North Dakota Century Code section 26.1-34.1-03.
  - b. Contents of Contract  
The corporation shall submit a form agreeing to include the information required by North Dakota Century Code section 26.1-34.1-04 in each charitable annuity contract issued.

State of \_\_\_\_\_ )  
 )ss  
 County of \_\_\_\_\_ )

The undersigned officer or member of the corporation, being first duly sworn, deposes and says that he/she has executed the foregoing application; that he/she has read the said application and knows the contents thereof and attached thereto; that to the best of his/her knowledge and belief the statements made in the said application and in any rider attached thereto are true and correct and are complete in every material respect and do not contain any statement which, under the circumstances under which it is made, would be false, or would tend to be misleading in respect to any material fact; and that he/she has read and understands the insurance laws of the State of North Dakota related to charitable gift annuities.

Name of Corporation	
Signature	Office

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
 Notary Public

My commission expires \_\_\_\_\_