

CERTIFICATE OF EXEMPTION TO ISSUE CHARITABLE GIFT ANNUITIES APPLICATION

COMPANY INFORMATION

1. Legal Name:	
2. Organizational Date of the Applicant:	
3. Fiscal Year End Date:	
4. Domicile Address: <i>(Address where the entity was legally formed)</i>	
5. Physical Address:	
6. Mailing Address:	
7. Website URL:	
8. Federal Tax Identification Number (FEIN):	
9. Primary Contact Person: (Name, Phone, Email Address required)	
10. Compliance Contact Person: (Name, Phone, Email Address required)	
11. Annual Report Contact Person: (Name, Phone, Email Address required)	
12. Third-Party Report Preparer Contact, if applicable: (Name, Phone, Email Address required)	

REQUIRED DOCUMENTATION	
13. Attach a supplemental document for all required items below, in the order presented. Use the check box to indicate enclosure of the information.	Relevant Statute
<input type="checkbox"/> A. All formation documents, including the original articles of incorporation or certificate of formation, and any subsequent amendments.	RCW 48.38.010(5), (7)(d)
<input type="checkbox"/> B. All governance documents, such as current by-laws or operating agreements, and any subsequent amendments.	RCW 48.38.010(7)(d)
<input type="checkbox"/> C. A brief statement of the history, nature, and purpose of the organization.	RCW 48.38.010(1), (3), and (7)
<input type="checkbox"/> D. A current Certificate of Registration from the Washington Secretary of State as a foreign registered entity.	RCW 48.38.010(7)(d)
<input type="checkbox"/> E. A current Certificate of Good Standing from the domiciliary Secretary of State.	RCW 48.38.010(5), and (7)(d)
<input type="checkbox"/> F. A list of names, addresses, and official position held with the applicant organization for each of the directors and officers of the applicant.	RCW 48.38.010(7)(d)

FINANCIALS	
14. Attach a supplemental document for all required items below, in the order presented. Use the check box to indicate enclosure of the information.	Relevant Statute
<input type="checkbox"/> A. Provide proof of current United States federal income tax-exempt status.	RCW 48.38.010(2)
<input type="checkbox"/> B. If the organization files an IRS Form 990, provide a copy of the last Form 990 filed. If the organization does <u>not</u> file an IRS Form 990, so state.	RCW 48.38.010(7)(d)
<input type="checkbox"/> C. Provide copies of the Audited Financial Statements for the prior three years. Note: Audited financial statements <u>must</u> show the applicant's financial position on a stand-alone basis. All consolidated statements must contain or be accompanied by a supplemental schedule prepared by the auditor, showing the financial activity of the applicant alone. This requirement applies to all future Audited Financial Statements submitted.	RCW 48.38.010(6), and (7)(c), WAC 284- 38-200(2)

<input type="checkbox"/> D. A Statement of Actuarial Opinion from a qualified Actuary pertaining to the most recent Audited Financial Statement, including a balance sheet/brokerage account statement for the segregated reserve fund.	RCW 48.38.010(10)(b), RCW 48.38.020(3)(c)
--	--

CHARITABLE GIFT ANNUITY PROGRAM	
15. Attach a supplemental document for all requested items below, in the order presented. Use the check box to indicate enclosure of the information.	Relevant Statute
<input type="checkbox"/> A. Provide the history of your Charitable Gift Annuity program, including any solicitation or issuance of any annuity contracts in Washington.	RCW 48.38.010(7)(d) RCW 48.38.010(7)(d)
<input type="checkbox"/> B. Provide a statement regarding the method of solicitation of the annuities, including a statement regarding commissions or other remuneration paid in conjunction with the issuance of any annuity contract.	RCW 48.38.010(7)(d)
<input type="checkbox"/> C. Provide a copy of the rate table, along with all marketing materials used, such as offering brochures.	RCW 48.38.010(7)(d)
<input type="checkbox"/> D. Has the applicant issued any annuities to residents of Washington, whether in-force or matured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following items: <ul style="list-style-type: none"> • A list of all annuities issued to residents of Washington. • Include the amounts of each annuity issued and; • A copy of each issued Washington annuity agreement. 	RCW 48.38.010(7)(d)

STATEMENTS OF UNDERSTANDING	
Please acknowledge your agreement by answering "Yes" or "No" to each of the following questions. Note: False or misleading statements may result in denial of application, loss of registration, and/or other action or penalty.	Relevant Statute
16. The applicant agrees to complete the attached Service of Process Designation, using the commissioners prescribed form. <input type="checkbox"/> Yes <input type="checkbox"/> No	RCW 48.38.010(4)

<p>17. The applicant understands it will issue charitable annuity contracts only for the benefit of the organization.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>RCW 48.38.010(3)</p>
<p>18. The applicant has and must maintain a minimum of \$500,000 in net assets without donor restrictions.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>RCW 48.38.010(6)</p> <p>RCW 48.38.012</p>
<p>19. The applicant understands the certificate of exemption does not authorize the issuance or transaction of variable annuities.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>RCW 48.38.042</p>
<p>20. The applicant agrees to subject itself and its affiliates to periodic examination as deemed necessary by the Commissioner.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>RCW 48.38.010(8)</p>
<p>21. The applicant agrees to obtain advance approval of any policy or contract form offered or issued to any resident of the State of Washington.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>RCW 48.38.010(9)</p>
<p>22. The applicant agrees to submit annually, within 60 days following the applicant's fiscal year-end:</p> <ul style="list-style-type: none"> • A completed WA CGA Annual Report for the prior fiscal year. • A Statement of Actuarial Opinion, acceptable to this Office, from a qualified actuary, as defined, about the required annuity reserves of the applicant for the prior fiscal year. <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>RCW 48.38.010(10)(a)(b)</p> <p>WAC 284-38-200(1)</p> <p>Note: Filing extensions are not contemplated by the statute and therefore will not be granted.</p>
<p>23. The applicant agrees to submit annually by March 1, the required \$25 reporting fee.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>RCW 48.38.010(10)(c)</p>

<p>24. The applicant agrees to maintain the required separate reserve fund balance.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	RCW 48.38.020
<p>25. The applicant agrees to submit a copy of the Applicant's Audited Financial Statement for the prior fiscal year end within 15 days of its release date and no later than 9 months following its most recent fiscal year end.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	RCW 48.38.010(10)(a) WAC 284-38-200
<p>26. If applicable, the applicant agrees to submit a copy of IRS Form 990 within 15 days of its filing with the IRS.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	WAC 284-38-200
<p>27. Upon issuance of a Certificate of Exemption, the applicant agrees to electronically file all charitable gift annuity contract forms through the NAIC SERFF filing system per the instructions and guidelines under the "For life, annuity, credit, long-term care and Medicare supplements" section at: https://www.insurance.wa.gov/system-electronic-rate-and-form-filing-serff-guidelines</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	WAC 284-38-100

CERTIFICATION

I declare under penalty of perjury under the laws of the state of Washington that I am duly authorized to make this application on behalf of the applicant, that the foregoing statements and information regarding the applicant and the contents of all attachments are true and correct.

Signature of Company Officer

Printed Full Legal Name

Title

State of _____

County of _____

Signed and Sworn to (or affirmed) before me this _____ day of _____ 20 _____ By

Name of person making statement

Notary Public Signature

Notary Public - My Commission Expires: _____

(Seal or Stamp)



OFFICE of the
INSURANCE
COMMISSIONER
WASHINGTON STATE

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER
APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

Entity Legal Name: _____

Home Office Address: _____

City, State, Zip: _____ WA OIC # _____

The Entity is authorized to transact business in Washington under Title 48 RCW as a:

<i>Licensee/Registrant Type</i>	<i>Statute governing the appointment</i>
<input type="checkbox"/> Service Contract Provider	RCW 48.110.030
<input type="checkbox"/> Protection Product Guarantee Provider	RCW 48.110.055
<input type="checkbox"/> Life Settlement Provider	RCW 48.102.011
<input type="checkbox"/> Reinsurance Intermediary Broker/Manager	RCW 48.94.010
<input type="checkbox"/> Healthcare Discount Plan Organization	RCW 48.155.020
<input type="checkbox"/> Charitable Gift Annuity Issuer	RCW 48.38.010
<input type="checkbox"/> Risk Purchasing Group	RCW 48.92.080
<input type="checkbox"/> Risk Retention Group	RCW 48.92.040
<input type="checkbox"/> Health Care Benefit Manager	RCW 48.200.300
<input type="checkbox"/> Rating Organization	RCW 48.19.170

The Entity is duly organized under the laws of the State of _____. The Entity hereby appoints the Insurance Commissioner of the State of Washington, and any successor in office, as its lawful attorney to receive service of all legal process issued against it in the state of Washington upon causes of action arising within the state of Washington. Service upon the Commissioner as attorney constitutes service upon the Provider.

The Entity designates the following natural or corporate person to whom the Commissioner must forward legal process so served on him or her:

Legal Name: _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

The appointment of the Insurance Commissioner of the State of Washington as attorney is irrevocable, binds any successor in interest or to the assets or liabilities of the Entity, and remains in effect for as long as there could be any cause of action against the Entity arising out of any of the Entity's contracts, transactions or obligations in this state. This designation will remain in place until the Entity files a new designation. Any service of process will be accomplished and processed in accordance with RCW 48.02.200.

I acknowledge that I am authorized to execute and am executing this document on behalf of the Entity. IN WITNESS OF THIS APPOINTMENT, the Entity has caused this instrument to be executed in its name by the undersigned at the City of _____, in the State of _____, this _____ day of _____, 20_____.

Signature of Authorized Person: _____

Printed Name: _____

Title: _____