



Missouri United Methodist Foundation Charitable Gift Annuity Application Form

For assistance in filling out this application, please call the Foundation at **(800) 332-8238**.

I (We) wish to create a charitable gift annuity with the Missouri United Methodist Foundation by making an irrevocable gift of \$ _____ in cash and/or securities (See **Part VI**).

Complete **Part I** below for a One Life Gift Annuity (payments during the life of one person). Complete **Part I and Part II** for a Two Life Gift Annuity (payments during the lives of two persons).

Complete **Part III** to tell us how you want your gift to be used when the gift annuity ends.

Complete **Part IV** to indicate your wishes for publicizing your gift.

Part VI discusses how your annuity will be funded. Attach a check if applicable. If you are using securities to fund your annuity, please contact the Foundation for further instructions.

PART I — DONOR

Provide the following information about yourself as the first or only annuitant:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Date of Birth _____ Social Security No. _____ - _____ - _____

I would like to receive annuity payments:

Annually

Semi-annually

Quarterly

NOTE: The Foundation now offers direct deposit of your annuity payments. If you would like to take advantage of this feature, please fill out the Direct Deposit Authorization Agreement on Page 4.

PART II (COMPLETE ONLY FOR A TWO LIFE ANNUITY)

Provide the following information about the second annuitant:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____ Social Security No. _____ - _____ - _____



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PART III — GIFT BENEFICIARY(IES)

Please identify the United Methodist church, agency, program or institution you wish to benefit. If more than one, indicate the percentage to each.

<u>United Methodist Institution Name</u>	<u>% of Gift</u>
_____	_____
_____	_____
_____	_____

Please distribute the gift to the beneficiaries as follows:

- _____ Create a permanent endowment fund at the Foundation that pays income to the beneficiaries each year in the percentages listed above.
- _____ Provide a one-time lump-sum distribution of the entire gift to the beneficiaries in the percentages listed above.

PART IV — RECOGNITION OF YOUR GIFT

All donors who use the Foundation to make a gift are recognized by name in the Foundation newsletter and Annual Report. This recognition is one way we express our thanks. Recognition also helps to encourage others to support the Church in this way. Gift amounts are not published. If you wish to remain anonymous, we will honor your request.

May we publish your name in recognition of your gift? Yes No

If you desire anonymity, please indicate how long you wish to remain anonymous:

- During my (our) lifetime only _____
- OR-
- In perpetuity _____

PART V — MEDICAID CONCERNS

If you or your spouse are disabled, blind, or institutionalized or are otherwise planning to enroll in Medicaid within the next 60 months, please note that certain transfers—including charitable gifts—may result in some period of ineligibility to receive Medicaid benefits. We strongly urge you to consult with a qualified elder law attorney prior to creating a charitable gift annuity.



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PART VI — FUNDING YOUR GIFT ANNUITY

If you are funding your gift annuity with cash, simply enclose your check with this completed application. Make your check payable to *Missouri United Methodist Foundation*.

If you are funding any part of your gift annuity with securities (stocks, mutual fund shares), please contact the Foundation office at (800) 332-8238 for instructions on transferring your securities to the Foundation.

PROOF OF AGE DOCUMENTATION

Please enclose with your application a copy of one of the following for each annuitant, showing the annuitant's date of birth:

- Driver's License or other state-issued ID
- Birth Certificate
- Passport
- Military Identification
- Certificate of Citizenship
- Life Insurance Policy

SIGNATURE

Once we receive your completed application and your gift, you will receive a gift annuity contract for your review and final approval. The starting date of your gift annuity will be the date your gift is delivered to the Foundation.

I (We) have reviewed the most recent Foundation Annual Report and the Donor Information materials describing the gift annuity program. I (We) understand that my (our) gift is irrevocable and that Foundation gift annuities are a general obligation of the Foundation and are backed by the general assets of the Foundation. I (We) also understand that the Foundation is not a legal, tax, or accounting consultant, and that I (we) should seek the services of appropriate professional advisors regarding all such matters.

Donor Signature	Print Name	Date
Second Annuitant Signature	Print Name	Date

**Please mail to: Missouri United Methodist Foundation
PO Box 1076, Columbia, MO 65205-1076**



Missouri United Methodist Foundation

Direct Deposit Authorization Agreement (ACH Credits)

Please attach a voided check or deposit slip below

I (we) hereby authorize **MISSOURI UNITED METHODIST FOUNDATION**, hereinafter called FOUNDATION, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) Checking/Savings account indicated below and further authorize the depository below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing (ABA) No. _____ Account No. _____

This authority is to remain in full force and effect until FOUNDATION has received notification from me (either of us) in writing of its termination in such time and in such manner as to afford FOUNDATION and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____

Print Name _____ Social Security No. _____

Signature _____ Date _____

Print Name _____ Social Security No. _____

**ATTACH VOIDED
CHECK HERE**