



Charitable Gift Annuity Application Form

Donor Annuitant(s) - One or Two-Life

**For assistance filling out this application, please call the
Foundation at (573) 875-4168 or (800) 332-8238**

We recommend that this form be returned to our office by mail (USPS, FedEx, or UPS) or FAX (573-875-4595) as it contains sensitive personal information that may not be secure if sent by email.

For a One Life Gift Annuity (payments during the life of one person), complete Part II and skip Part III. For a Two Life Gift Annuity (payments during the lives of two persons), complete both Parts II and III. Please remember to sign and date this form.

Part I - Funding your Annuity

I (we) wish to create a charitable gift annuity with the Missouri United Methodist Foundation by making an irrevocable gift of:

Cash, in the amount of \$ _____. Please enclose your check with this application, and make payable to **Missouri United Methodist Foundation.**

AND/OR

Securities, in the approximate amount of \$ _____. If you are funding any part of your gift annuity with securities (stocks, mutual fund shares etc), please contact the Foundation office at 573-875-4168 for instructions on transferring your securities to the Foundation.

OR

New option: If you are age 70.5 or older and have a traditional Individual Retirement Account (IRA), you may make a one-time distribution from your IRA to fund a CGA.

Amount = \$ _____

(Max. \$50K per individual, adjusted for infl.)

IRA Administrator(s): _____

You will need to initiate this "Qualified Charitable Distribution" with your IRA administrator(s).

Other types of property may be gifted. Please contact the Foundation to discuss.

Part II - Donor/Annuitant Information

Provide the following information for the first or only annuitant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ SSN: _____

Annuity payment schedule (choose one):

Annually

Semi-Annually

Quarterly

NOTE: The Foundation offers direct deposit. If you would like to have your annuity payments directly deposited into your bank account, please fill out the Direct Deposit Authorization Agreement on pg 5.

Part III - Donor and/or Second Annuitant (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: _____ SSN: _____

Relationship to Donor/First Annuitant: _____



Part IV - Gift Beneficiaries

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 Church/Institution Name</u>	<u>% of Gift</u>
_____	_____
_____	_____
_____	_____

Please distribute the gift to the charitable beneficiary(ies) as follows:

Create a permanent endowment fund at the Foundation that pays income to the beneficiary(ies) each year in the percentages listed above.

Provide a one-time lump-sum distribution of the entire gift to the beneficiary(ies) in the percentages listed above.

Part V - 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(s) only

-OR-

In Perpetuity



Part VI - Medicaid Concerns

If you or your spouse are disabled, blind, 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.

Part VII - 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 State-Issued ID
Birth Certificate
Passport

Military ID
Certificate of Citizenship
Life Insurance Policy

Part VIII - Trusted Contact Information

Please provide the name and contact information for the person we should contact in the event of your incapacity or death (e.g., your estate executor, trustee, next of kin, attorney in fact, or professional advisor).

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

This information may be updated with our office as needed.



Part IX - 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 and understand the Foundation 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. 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/Annuitant Signature

Print Name

Date

Second Annuitant Signature

Print Name

Date

Please Return:

By US Mail:

**Missouri United Methodist Foundation
PO BOX 1076
Columbia, MO 65205-1076**

By FedEx or UPS street address:

**Missouri United Methodist Foundation
2404 Forum Blvd., Ste. 102
Columbia MO 65203**

By FAX:

573-875-4595





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 to 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 _____

Signature _____ Date _____

Print Name _____

**ATTACH VOIDED
CHECK HERE**