

**UNITED CHURCH OF CHRIST OFFICE OF PHILANTHROPY AND STEWARDSHIP
CHARITABLE REMAINDER TRUSTS - APPLICATION FORM**

Type of Agreement: Unitrust Annuity Trust

Payout Rate: 5%

DONOR(S)

1. Name(s) _____
2. Address _____
City _____ State _____ Zip _____
3. Telephone () _____
4. Social Security Number(s) _____
5. Birth Date(s) _____

PERSON(S) TO WHOM LIFE INCOME PAYMENTS ARE TO BE MADE

Single life OR first of two life income beneficiaries

6. Name _____
7. Address _____
City _____ State _____ Zip _____
8. Telephone () _____ 9. Birthday _____
10. Social Security Number _____

Second life income beneficiary

11. Name _____
12. Address _____
City _____ State _____ Zip _____
13. Telephone () _____ 14. Birthday _____
15. Social Security Number _____

CHARITABLE REMAINDER BENEFICIARIES

16. Legal Name _____
Address _____
Percent of Gift _____
17. Legal Name _____
Address _____
Percent of Gift _____
18. Legal Name _____
Address _____
Percent of Gift _____

CONTINGENT CHARITABLE REMAINDER BENEFICIARY

If you have any concern that the fundamental purpose of your named organization(s) could change, you may name a contingent beneficiary(ies) and describe the contingency.

- 19. Legal Name _____
- Address _____
- Percent of Gift _____
- Contingency _____

NOTIFICATION OF BENEFICIARIES

20. *The Charitable Beneficiary(ies) listed above will be notified of this gift unless we receive instructions from the donor prior to contract execution that the gift is to remain anonymous.*

FORM OF GIFT

21. Check (please make checks payable to **United Church Funds**) Amount: \$ _____

22. Securities: **Please contact our office for instructions to mail certificates or transfer electronically.**

Estimated Value \$ _____

	<u>Company Issuing Stock</u>	<u>Certificate No.</u>	<u># of Shares</u>	<u>Cost Basis</u>	<u>Date Acquired</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

23. Stock certificate(s) sent by Certified Mail to Boston on _____ (date)
 Stock power(s) sent by Certified Mail to Boston on _____ (date)
 "Book entry" shares transferred by _____ (broker) on _____ (date)

REQUEST FOR DIRECT DEPOSIT OF ANNUITY (LIFE INCOME) PAYMENTS

24. Do you wish direct deposit? Yes No

If yes, Bank name _____
 Address & Phone _____
 Account Number _____ Routing Number _____
 Checking Account Savings Account

AUTHORIZATION

25. _____
 Signature of Donor(s) _____ Date _____

I/we have enclosed a copy of a photo I.D. (driver's license, passport, state I.D., other). *[This is now required by law for donors and all recipients of life income, and must be received before a charitable gift contract can be completed.]*

Return this Application Form to:
 Lynne Hansen
 UCC Office of Philanthropy and Stewardship
 700 Prospect Avenue E
 Cleveland, OH 44115

For additional information:
 Toll-free phone (800) 846-6822
 Direct phone (216) 736-2171
 Fax (216) 736-2297
 E-mail HANSEN@UCC.ORG