

**UNITED CHURCH FUNDS for the UNITED CHURCH OF CHRIST  
GIFT ANNUITY and POOLED INCOME FUND APPLICATION FORM**

**DONOR(S)**

1. Name(s) \_\_\_\_\_
2. Address \_\_\_\_\_
3. 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. Birth Date \_\_\_\_\_
10. Social Security Number \_\_\_\_\_

**Second life income beneficiary**

11. Name \_\_\_\_\_
12. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
13. Telephone (     ) \_\_\_\_\_ 14. Birth Date \_\_\_\_\_
15. Social Security Number \_\_\_\_\_

**TYPE OF AGREEMENT (SELECT ONE)**

16. \_\_\_\_\_ Immediate Gift Annuity
17. \_\_\_\_\_ Deferred Payment Gift Annuity: Indicate date of first payment: \_\_\_\_\_  
Preferred payment schedule for either of above: [ ] Monthly [ ] Quarterly [ ] Semi-Annual [ ] Annual
18. \_\_\_\_\_ Pooled Income Fund (quarterly payments only).

**CHARITABLE REMAINDER BENEFICIARIES** (must be at least 50% UCC-related)

19. Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Percent of Gift: \_\_\_\_\_
20. Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Percent of Gift: \_\_\_\_\_
21. Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Percent of Gift: \_\_\_\_\_

**CONTINGENT CHARITABLE REMAINDER BENEFICIARY** (must be at least 50% UCC-related)

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.

- 22. Legal Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Percent of Gift: \_\_\_\_\_
- Contingency: \_\_\_\_\_

**NOTIFICATION OF BENEFICIARIES**

- 23.  Yes, please do notify my designated charitable remainder beneficiary(ies) of this gift.
- No, please do **NOT** notify my beneficiaries of this gift during my lifetime.
- No, please **DO NOT EVER** notify my beneficiaries of this gift, even after my death.

**FORM OF GIFT**

- 24.  Check: Please make payable to **United Church Funds**. Amount: \$ \_\_\_\_\_

- 25.  Securities (*appreciated only*): **Please contact our office for instructions to mail certificates or transfer electronically.** Estimated Value \$ \_\_\_\_\_

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

- 26. 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)

**NOTE: If donor is not an annuitant, or if securities are not jointly owned by donors, or are not community property, there may be significant capital gain tax consequences.**

**REQUEST FOR DIRECT DEPOSIT OF ANNUITY (LIFE INCOME) PAYMENTS**

- 27. Do you wish direct deposit?  Yes  No If yes, please attach deposit ticket and voided check.
- Bank Name \_\_\_\_\_
- Address & Phone \_\_\_\_\_
- Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_
- Checking Account  Savings Account

**AUTHORIZATION**

- 28. \_\_\_\_\_
- Signature of Donor(s)
- Date

I (we) have enclosed a copy of a photo I.D. (driver's license, passport, state I.D.). **[This is now required by law for both donors and recipients of life income who are not donors and must be received before a charitable gift contract can be completed.]**

- 29. If you would like to be advised of changes in rates of return for future new Gift Annuities, please provide your e-mail address: \_\_\_\_\_

**Return this Application Form to:**

Lynne Hansen  
 UCC Office of Philanthropy  
 700 Prospect Ave E  
 Cleveland, OH 44115

For additional information:  
 Phone: (216) 736-2171  
 Fax: (216) 736-2297  
 E-mail HANSEN@UCC.ORG