



## CHARITABLE GIFT ANNUITY APPLICATION

I (We) wish to create a charitable gift annuity with the Kansas Area 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 INFORMATION

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I would like to receive annuity payments: **Annually**    **Semi-annually**    **Quarterly**

### PART II – COMPLETE ONLY FOR A TWO LIFE ANNUITY

*Provide the following information about the second annuitant:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PART III – GIFT BENEFICIARY (IES)**

You may name a charity or charities to receive the remainder interest of the annuity upon the death of the annuitant(s). If you do not designate a charitable beneficiary of the annuity, then the Foundation shall be the charitable beneficiary of the annuity. If you designate a specific charity or charities as the charitable beneficiary, the funds remaining in the annuity account upon the death of the annuitant(s), subject to certain restrictions as explained below, will be paid out directly to your designated charities. Your other option is to name the Kansas Area United Methodist Foundation, Inc. as the beneficiary, and create an endowed account in your name with the Foundation, with directions to the Foundation to make at least annual gifts to your designated charities in perpetuity from the endowed account.

The Kansas Area United Methodist Foundation requires that at least 10% of the remainder interest of the annuity upon the death of the annuitant(s) shall be designated for the Kansas Area United Methodist Foundation, to assist the Foundation in continuing to provide its services for charitable gift annuities to participants of The United Methodist Church.

**OPTION ONE:**

*(please check here)*

The remaining funds in the annuity to be paid directly to your designated charity or charities upon the death of annuitant(s), less the required distribution of at least 10% of the remainder interest to the Kansas Area United Methodist Foundation.

**OPTION TWO:**

*(please check here)*

The funds in the annuity to be directed to the Foundation upon the death of the annuitant(s), to create a permanent endowment fund in your name, with at least annual distributions made to your designated charity or charities.

Please identify the charity or charities to receive the allocated remainder interest of the annuity upon the death of the annuitant(s).

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If more charities are to be listed, please attach additional sheets.

**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 encourages others to support the United Methodist witness. 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.

**PART VI – FUNDING YOUR GIFT ANNUITY**

***THE FOUNDATION REQUIRES A MINIMUM GIFT OF \$5,000  
TO ESTABLISH A CHARITABLE GIFT ANNUITY.***

If you are funding your gift annuity with cash, simply enclose your check with this completed application. Make your check payable to: Kansas Area 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 (888) 453-8405 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 and gift annuities reserve account 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

\_\_\_\_\_  
Donor Signature                      Print Name                      Date

**PLEASE MAIL TO:  
KANSAS AREA UNITED METHODIST FOUNDATION, INC.  
PO BOX 605, HUTCHINSON, KANSAS 67504-0605**