Alabama-West Florida United Methodist Foundation, Inc.
P. O. Box 8066
Dothan, AL 36304
Phone: 334-793-6820 -- Fax: 334-794-6480

GIFT ANNUITY APPLICATION FORM

I (we) hereby make application for a gift annuity subject to the following terms and conditions:

Donor(s) (Enter both names if property is jointly-owned or community property; otherwise enter one name)

Name _____ Name _____

Date of Birth_____ ☐Male ☐Female Date of Birth_____ ☐Male ☐Female

SS#_____ SS# _____

Address _____ Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Daytime phone _____ Daytime phone _____

Contribution: The following is funding the Gift Annuity:

☐ Check in the amount of $_____(made payable to U.M. Foundation).

☐ Marketable securities (Attach letter of transfer, with cost basis. Fair market value determined when securities are received by the Foundation.)

Annuitants:

Check one: ☐One annuitant ☐ Two annuitants (☐Joint & Survivor **OR** ☐Successive Interests)

****If annuitant(s) is(are) other than the donor(s), complete the following:**

1st Annuitant_____ 2nd Annuitant_____

Date of Birth _____ ☐Male ☐Female Date of Birth_____ ☐Male ☐Female

SS#_____ SS# _____

Address _____ Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Daytime phone _____ Daytime phone _____

Annuity Payments:

Will payment of the annuity be immediate or deferred? ☐ Immediate ☐ Deferred to begin _____(date).

Payment frequency: Check one: ☐ Annually ☐ Semi-Annually ☐ Quarterly

Purpose: The ultimate residual gift should be donated to:

Alabama –W.Florida United Methodist Foundation, Inc. (_____%) (Minimum of 10%)

*_____ (_____%) U.M. Beneficiary or Church

_____

*** Please indicate whether a Permanent Fund or a one-time immediate gift.**

I have received the disclosure statement from the United Methodist Foundation regarding its gift annuity reserves and investments, as required under the Philanthropy Protection Act. I understand that a charitable gift annuity is irrevocable and that, at the death of the last annuitant, the portion of my contribution remaining after satisfying the annuity payment obligation will be used by the United Methodist Foundation for the purpose stated above.

Signature of Donor(s): _____ Date: _____

_____ Date: _____