Issued by The Christian and Missionary Alliance
Administered by The Orchard Foundation

Application for a Gift Annuity Agreement

I hereby apply for a Charitable Gift Annuity in the amount of $ _____ *(minimum $10,000).*

The contract is to be: ☐ Single Life ☐ Joint Life ☐ Survivorship

Payments to be made: ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

Applicant's Name (Dr. Mr. Mrs. Miss Ms. Rev.) _____
Street _____ Date of Birth _____
City _____ State _____ Zip Code _____
Telephone _____ Social Security _____
Email _____ Fax _____
Type of Gift* _____ Cost Basis $ _____ Date of Acquisition _____

**Stocks, mutual funds, bonds, cash, etc. – please attach schedule if other than cash.*

If a joint or survivorship contract is desired, the following information is required:

Second Person (Dr. Mr. Mrs. Miss Ms. Rev.) _____
Street _____ Date of Birth _____
City _____ State _____ Zip Code _____
Telephone _____ Social Security _____

Payments for your annuity will be made to your checking or savings account. Please complete the following:

Bank Account Number _____
Name of Bank _____
City _____ State _____ Zip Code _____
Attach a voided check (not a deposit slip) to this application.

Since the size of annuity payments, the amount of the charitable deduction and the taxation of payments all depend on the ages of annuitants, proof of each annuitant's date of birth is required. **Please submit a copy of one of the following acceptable forms of identification: driver's license, birth certificate, passport or other picture identification with birthdate.**

Which is more important to you?

☐ Maximizing your charitable deduction
☐ Maximizing the tax-free portion of your annuity payments

I would like the remainder of my annuity distributed to the following ministries:

Name _____

Address _____

Name _____

Address _____

☐ **I wish my gift to remain anonymous**

Power of Attorney or Emergency Contact Information

Name _____

Phone _____

Address _____

Email _____

Relationship to Donor _____

I learned about establishing a Charitable Gift Annuity through The Orchard Foundation from:

Charity _____

Charity Representative _____

Other (please specify) _____

Annuities may be subject to regulation by your state. Payments under this agreement, however, are not protected or otherwise guaranteed by any government agency or any insurance or guarantee association. The Orchard Foundation does not provide legal advice and individuals should seek the advice of their own legal counsel.

I have received the disclosure statement from The Orchard 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 Orchard Foundation for the purpose stated.

Signature _____ Date _____

Signature _____ Date _____

Office Use Only

Annuity Number _____

Date of Gift _____ Rate _____

Annual Amount $ _____ Amount of Each Payment $ _____

Payment Dates and Frequency _____

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