

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

Helping God's People Use God's Resources to Fulfill God's Calling

A Ministry of The Christian and Missionary Alliance

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) _____

Oklahoma Residents Notice to Donor: A Charitable Gift Annuity is not regulated by the Oklahoma Insurance Department and is not protected by any guarantee association affiliated with the Oklahoma Insurance Department.

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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