



CHARITABLE GIFT ANNUITY APPLICATION

I (We) wish to create a charitable gift annuity with the Kansas Area United Methodist Foundation, Inc. EIN: 48-0697195, known as the Kansas Methodist Foundation ("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)

Charitable Gift Annuities are financial instruments that provide donors the opportunity to give charitably through an agreement to causes they care about, while also receiving lifetime income. On average 50% of the original gift for the Charitable Gift Annuity will remain at the time of death of the donor. This residuum of the Charitable Gift Annuity will then go to provide ongoing support for ministries and causes for which the donor cares about. The Kansas Area United Methodist Foundation, known as the Kansas 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 Foundation, to assist in continuing to provide its services for charitable gift annuities to participants of The United Methodist Church and the Methodist movement. The Foundation will continue to steward the residuum to make a lasting difference on behalf of the donor. There are two options that will govern the establishment of Charitable Gift Annuities with the Foundation that relate to the residuum:

OPTION ONE: If the initial Charitable Gift Annuity amount is less than \$25,000, then the donor has the option to direct 90% of the residuum, upon death, to an existing permanent endowment fund held at the Foundation to support causes the donor cares about or to a Pathways for Discipleship Fund, with the remaining 10% of the residuum being transferred to the Charitable Gift Annuity Reserve account at the Foundation.

OPTION TWO: If the initial Charitable Gift Annuity amount is \$25,000 or greater, then the donor has the option to direct 90% of the residuum to create a permanent endowed fund, upon death, to be held at the Foundation to support the cause(s) the donor cares about, or to transfer the remainder to an existing permanent endowment fund held at the Foundation, with the remaining 10% of the residuum being transferred to the Charitable Gift Annuity Reserve account at the Foundation.

Please identify the charity or charities to be supported through the remaining interest of the annuity upon the death of the annuitant(s).

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. 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 \$10,000
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 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:

<i>Driver's License or other state-issued ID</i>	<i>Military Identification</i>
<i>Birth Certificate</i>	<i>Certificate of Citizenship</i>
<i>Passport</i>	<i>Life Insurance Policy</i>

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 METHODIST FOUNDATION
PO BOX 605, HUTCHINSON, KANSAS 67504-0605