

**UNITED CHURCH OF CHRIST FINANCIAL DEVELOPMENT MINISTRY  
CHARITABLE REMAINDER TRUSTS - APPLICATION FORM**

Type of Agreement:     Unitrust     Annuity Trust

Rate Selection: 5.0%

**DONOR(S)**

1. Name(s) \_\_\_\_\_
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Telephone (    ) \_\_\_\_\_
4. Social Security Number(s) \_\_\_\_\_
5. Birth Date(s) \_\_\_\_\_

**PERSON(S) TO WHOM LIFE INCOME PAYMENTS ARE TO BE MADE**

**Single life OR first of two life income beneficiaries**

6. Name \_\_\_\_\_
7. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
8. Telephone (    ) \_\_\_\_\_    9. Birthday \_\_\_\_\_
10. Social Security Number \_\_\_\_\_

**Second life income beneficiary**

11. Name \_\_\_\_\_
12. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
13. Telephone (    ) \_\_\_\_\_    14. Birthday \_\_\_\_\_
15. Social Security Number \_\_\_\_\_

**CHARITABLE REMAINDER BENEFICIARIES**

16. Legal Name \_\_\_\_\_  
Address \_\_\_\_\_  
Percent of Gift \_\_\_\_\_
17. Legal Name \_\_\_\_\_  
Address \_\_\_\_\_  
Percent of Gift \_\_\_\_\_
18. Legal Name \_\_\_\_\_  
Address \_\_\_\_\_  
Percent of Gift \_\_\_\_\_

**CONTINGENT CHARITABLE REMAINDER BENEFICIARY**

If you have any concern that the fundamental purpose of your named organization(s) could change, you may name a contingent beneficiary(ies) and describe the contingency.

- 19. Legal Name \_\_\_\_\_
- Address \_\_\_\_\_
- Percent of Gift \_\_\_\_\_
- Contingency \_\_\_\_\_

**NOTIFICATION OF BENEFICIARIES**

20. *The Charitable Beneficiary(ies) listed above **will be notified of this gift** unless we receive instructions from the donor prior to contract execution that the gift is to remain anonymous.*

**FORM OF GIFT**

21.  Check (please make checks payable to **United Church Funds**) Amount: \$ \_\_\_\_\_

22.  Securities: **Please contact our office for instructions to mail certificates or transfer electronically.**

Estimated Value \$ \_\_\_\_\_

	<u>Company Issuing Stock</u>	<u>Certificate No.</u>	<u># of Shares</u>	<u>Cost Basis</u>	<u>Date Acquired</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

- 23. Stock certificate(s) sent by Certified Mail to Boston on \_\_\_\_\_ (date)
- Stock power(s) sent by Certified Mail to Boston on \_\_\_\_\_ (date)
- "Book entry" shares transferred by \_\_\_\_\_ (broker) on \_\_\_\_\_ (date)

**REQUEST FOR DIRECT DEPOSIT OF ANNUITY (LIFE INCOME) PAYMENTS**

24. Do you wish direct deposit? Yes  No

If yes, Bank name \_\_\_\_\_

Address & Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Checking Account  Savings Account

**AUTHORIZATION**

25. \_\_\_\_\_  
Signature of Donor(s) \_\_\_\_\_ Date \_\_\_\_\_

I/we have enclosed a copy of a photo I.D. (driver's license, passport, state I.D., other). *[This is now required by law and must be received before a charitable gift contract can be completed.]*

**Return this Application Form to:**

Lynne Hansen  
UCC Financial Development Ministry  
700 Prospect Avenue E  
Cleveland, OH 44115

For additional information, phone (800) 846-6822,  
fax (216) 736-2297, or e-mail [hansenl@ucc.org](mailto:hansenl@ucc.org)