

# UCC GIFT ANNUITY & POOLED INCOME FUND APPLICATION FORM

## **DONOR(S)**

1. Name(s) \_\_\_\_\_
2. Address \_\_\_\_\_
3. 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. Birth Date \_\_\_\_\_
10. Social Security Number \_\_\_\_\_

### **Second life income beneficiary**

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

## **TYPE OF AGREEMENT (SELECT ONE)**

16. \_\_\_\_\_ Gift Annuity. Indicate preferred payment schedule below:  
                                  [ ] Monthly [ ] Quarterly [ ] Semi-Annual [ ] Annual
17. \_\_\_\_\_ Deferred Payment Gift Annuity. Indicate date of first payment: \_\_\_\_\_
18. \_\_\_\_\_ Pooled Income Fund (quarterly payments only).

## **CHARITABLE REMAINDER BENEFICIARIES** (must be at least 50% UCC-related)

19. Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Percent of Gift: \_\_\_\_\_
20. Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Percent of Gift: \_\_\_\_\_
21. Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Percent of Gift: \_\_\_\_\_

**CONTINGENT CHARITABLE REMAINDER BENEFICIARY** (must be at least 50% UCC-related)

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.

- 22. Legal Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Percent of Gift: \_\_\_\_\_
- Contingency: \_\_\_\_\_

**NOTIFICATION OF BENEFICIARIES**

- 23. ***The Charitable Beneficiary(ies) listed above will be notified now of this gift and its amount unless we receive written instructions from the donor prior to contract execution that the gift is to remain anonymous.***

**FORM OF GIFT**

- 24.  Check: Please make payable to **United Church Funds**. Amount: \$ \_\_\_\_\_

- 25.  Securities: **Please contact our office for instructions to mail certificates or transfer electronically.**  
Estimated Value \$ \_\_\_\_\_

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

- 26. 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**

- 27. Do you wish direct deposit?  Yes  No If yes, please attach deposit ticket and voided check.  
Bank Name \_\_\_\_\_  
Address & Phone \_\_\_\_\_  
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_  
 Checking Account  Savings Account

**AUTHORIZATION**

- 28. \_\_\_\_\_  
Signature of Donor(s) \_\_\_\_\_ Date \_\_\_\_\_

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

- 29. If you would like to be advised of changes in Gift Annuity rates of return, please provide your e-mail address: \_\_\_\_\_

**Return this Application Form to:**

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

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