



Number to be assigned by the Florida United Methodist Foundation: _____

1. I/We apply to The Florida United Methodist Foundation, Inc. for an irrevocable charitable gift annuity single-life agreement or two-life agreement, desiring that this gift ultimately be indicated by the ultimate beneficiary designation (if any). I/We understand that this is an irrevocable agreement and that funds are completely transferred to The Florida United Methodist Foundation and may not be withdrawn.

2. **First Life Income Beneficiary** (payments are to be made for life to):

Name: _____ Phone: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Soc. Sec. #: _____

Please attach a copy of birth certificate, passport or driver's license for each income beneficiary.

Second Life Income Beneficiary (in a two-life agreement, the person named below, if still living, will receive the income after the death of the first income beneficiary named above):

Name: _____ Phone: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Soc. Sec. #: _____

3. **Donor Information** (if different from Income Beneficiary):

Name: _____ Phone: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Soc. Sec. #: _____

Relationship to income beneficiary: _____

4. This Charitable Gift Annuity will be funded with \$_____ through
Cash (check attached) or
Marketable securities (attach a list including name, estimated value, and cost basis)

5. Gift Annuity payments should be made

Annually

Semiannually

Quarterly

Monthly

6. Gift Annuity payments should begin *immediately*
or deferred for at least a year *to begin on* _____ *(date)*

7. Gift Annuity payments should be sent to:

Name of Institution: _____

Address of Institution: _____

City: _____ State: _____ Zip: _____

Bank Routing Number: _____ Account Number: _____

(Please attach a copy of a voided deposit slip.)

8. When this gift annuity ends, the ultimate gift portion should be given in lump sum, 5% to The Florida United Methodist Foundation, Inc. and the remaining 95% to:

Church or Agency: _____ Percent _____%

Address: _____

City: _____ State: _____ Zip: _____

For the purpose of [optional]: _____

Church or Agency: _____ Percent _____%

Address: _____

City: _____ State: _____ Zip: _____

For the purpose of [optional]: _____

If more than two charitable beneficiaries are names, please attach a separate sheet of paper with the same information requested above.

9. Donor(s) signature(s): _____ Date: _____

Area representative: _____

Please return this completed form to the above address with a check payable to The Florida United Methodist Foundation, Inc.

We appreciate your support and are glad to help serve your stewardship interests. If you have any questions, please contact us. A copy of this application will be provided to you along with your gift annuity agreement. Indicate below any special requests for recognition or other instructions:

CHARITABLE GIFT ANNUITY GENERAL DISCLOSURE

The following disclosure is provided to you in accordance with the Philanthropy Protection Act of 1995 (P.L. 104-62). We would be pleased to provide additional information upon your request.

Gift annuity payments are a general obligation of The Florida United Methodist Foundation, Inc., and they are backed by all of our assets. As of Dec. 31, 2025, our total invested funds held in trust as custodian were \$116,126,209. Our funds are invested in stocks, bonds and federal obligations. We also maintain a gift annuity reserve valued at more than \$3,409,811 in accordance with the laws of the state of Florida. Our gift annuities are not issued by an insurance company, are subject only to limited regulation by the state of Florida and are not protected or otherwise guaranteed by any government agency.

FUMF investment funds managed by our organization are exempt from registration requirements of federal securities laws, pursuant to the exemption for collective investment funds and similar funds maintained by charitable organizations under the Philanthropy Protection Act of 1995. Investment decisions are made by professional money management firm(s) and executed by the Foundation's broker, who is registered under federal securities laws. Foundation staff and the Foundation Board of Directors closely monitor investments.

The Florida United Methodist Foundation was established in 1966. Responsibility for governing the Foundation is vested in a Board of Directors whose members are elected by the Florida Annual Conference of The United Methodist Church. The Foundation is a not-for-profit organization dedicated to serving the financial, stewardship and charitable interests of of United Methodists in Florida. We are grateful for this opportunity to serve you.