



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
- A single-life agreement or
- A two-life agreement,

desiring that this gift ultimately be used for the mission and purposes of The Florida United Methodist Foundation, Inc., and as indicated by the ultimate beneficiary designation (if any). I/We understand that this is an irrevocable agreement and that these funds are completely transferred to the Florida United Methodist Foundation and may not be withdrawn.

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

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

2b. **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: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

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

3. **Donor Information** *(if different from income beneficiary):*

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Relationship to income beneficiary: \_\_\_\_\_

4. This charitable gift annuity will be funded with \$ \_\_\_\_\_ through *(please select one)*:

- Cash *(check attached)*     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  
 Deferred for at least a year to begin on *(date)*: \_\_\_\_\_

7. It's more important that I have *(choose one)*:

- Higher tax-free income     A higher charitable deduction

8. Gift annuity payments should be sent to:

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

*Please attach a copy of a voided deposit slip.*

9. When this gift annuity ends, the ultimate gift portion should be given in lump sum to:

Church or eligible charitable beneficiary: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For the purpose of *(optional)*: \_\_\_\_\_

Church or eligible charitable beneficiary: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For the purpose of *(optional)*: \_\_\_\_\_

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

## 10. Signatures

Donor(s) signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Area representative: \_\_\_\_\_

**Please return this completed form to 450 Martin L. King Jr. Ave., Lakeland, FL 33815, 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:

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## 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, 2020, our total invested funds held in trust as custodian were \$100,941,331. Our funds are invested in stocks, bonds and federal obligations. We also maintain a gift annuity reserve valued at more than \$3,722,776 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 pursuant to an Investment Policy Statement that is reviewed and revised from time to time.

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 Foundation-approved and eligible charitable beneficiaries. We are grateful for this opportunity to serve you.