



GIFT ANNUITY APPLICATION FORM

I (we) hereby make application for a gift annuity subject to the following terms and conditions:

DONOR(S) (Enter both names if property is jointly owned or community property; otherwise enter one name.)

Name _____	Name _____
SSN _____ Date of Birth _____	SSN _____ Date of Birth _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email Address _____	Email Address _____

ANNUITANTS

Check one: One annuitant
 Two annuitants, joint-and-survivorship (payments to both jointly, continuing to the survivor)
 Two successive annuitants (payments to one, then to the survivor)

If annuitant(s) is(are) other than the donor(s), complete the following:

First Annuitant _____ Date of Birth _____
 Street Address _____
 City _____ State _____ ZIP _____
 SSN _____ Relationship to Donor _____

Second Annuitant _____ Date of Birth _____
 Street Address _____
 City _____ State _____ ZIP _____
 SSN _____ Relationship to Donor _____

CONTRIBUTION

Cash: _____ Anticipated dollar value: \$ _____

Securities (include details if known; otherwise, estimate fair market value and indicate the cost basis):

Description _____

 Cost basis \$ _____ Estimated fair market value: \$ _____

Other Property:

Description _____

 Cost basis \$ _____ Estimated fair market value: \$ _____

Total estimated value of all assets contributed: \$ _____

Note: Actual fair market value of securities for calculating the amount of the annuity and tax deduction will be determined when the securities are received by the Charity.

ANNUITY TYPE

Will payment of the annuity be immediate or deferred? Immediate payment Deferred payment

If deferred, check and complete either (a) or (b) below:

(a) Payments are to begin on this specific date: _____

(b) Payments may begin on _____ in any year during the period _____ and _____.
(Indicate month/day) (1st possible year) (Last possible year)

Payment frequency. Check one:

Quarterly Semiannually Annually

The annuity payment will be directly deposited by the last business day of the month it is due.

Completed ACH Authorization - CGA Payout

I have received the disclosure statement from Mennonite Brethren Foundation regarding its gift annuity reserves and investments, as required under the Philanthropy Protection Act. I understand that a charitable gift annuity is irrevocable and that, at the death of the last annuitant, the portion of my contribution remaining after satisfying the annuity payment obligation will be used by Mennonite Brethren Foundation for the purpose stated above.

All prospective donors are encouraged to talk with their own legal or financial advisor.

Recommendations regarding the charitable distribution of the remainder will be documented on a Donor Advised Memorandum for Charitable Distribution (DAMCD) form.

 Donor Signature Date

 Donor Signature Date