United Church Funds
Investing Together for a Sustainable World

Toll-free: 877-806-4989
Fax: 332-219-8758
Email: info@ucfunds.org

GIFT ANNUITY APPLICATION FORM

This application is used to collect information needed to prepare a charitable gift annuity agreement. Submission of this application does not create a charitable gift annuity contract. A charitable gift annuity is established only after UCF accepts the gift, the final agreement is completed, and all required documentation and funding have been received.

TYPE OF CHARITABLE GIFT ANNUITY (SELECT ONE)

Please select one:

☐ Immediate Payment Charitable Gift Annuity

☐ Deferred Payment Charitable Gift Annuity

☐ Flexible Deferred Payment Charitable Gift Annuity

Requested payment frequency:

☐ Monthly

☐ Quarterly

☐ Semi-annually

☐ Annually

For deferred or flexible deferred annuities: requested first payment date or payment-start window:

_____

DONOR INFORMATION

Donor 1

Legal Name: _____

Preferred Name, if different: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

State of Legal Residence/Domicile: _____

Telephone: _____ Email: _____

Date of Birth: _____

Social Security Number or Taxpayer Identification Number:

☐ To be provided through secure submission process (see below)

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Donor 2 / Spouse / Joint Donor, if applicable

Legal Name: _____

Preferred Name, if different: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

State of Legal Residence/Domicile: _____

Telephone: _____ Email: _____

Date of Birth: _____

Relationship to Donor 1: _____

Social Security Number or Taxpayer Identification Number:

[ ] To be provided through secure submission process (see below)

ANNUITANT INFORMATION

Please identify the person or persons who will receive annuity payments. The donor may also be the annuitant.

Annuitant 1

☐ Same as Donor 1

☐ Same as Donor 2

☐ Other person identified below

Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

State of Legal Residence/Domicile: _____

Telephone: _____ Email: _____

Date of Birth: _____

Relationship to Donor: _____

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Annuitant 2, if applicable

☐ Same as Donor 1

☐ Same as Donor 2

☐ Other person identified below

Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

State of Legal Residence/Domicile: _____

Telephone: _____ Email: _____

Date of Birth: _____

Social Security Number or Taxpayer Identification Number:

☐ To be provided through secure submission process (see below)

Relationship to Donor: _____

Funding Asset

Please select the type of asset proposed to fund the charitable gift annuity. Do not transfer assets until UCF or State Street have provided current transfer instructions and confirmed that the proposed gift may be accepted.

Cash

☐ Check

☐ Wire transfer

☐ Other approved cash transfer

Estimated gift amount: $_____
Checks should be made payable to: United Church Funds, Inc.

Securities

☐ I propose to fund the charitable gift annuity with publicly traded securities.

Securities Funding Note: Please do not transfer securities until UCF or State Street have provided current transfer instructions. Gifts of securities may have tax consequences based on holding period, cost basis, ownership, and annuitant structure. Donors should consult their own tax advisors before transferring securities to fund a charitable gift annuity. Please list each security proposed for transfer. Attach an additional schedule if needed.

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Name of Security	Ticker/CUSIP	Number of shares	Cost basis	Date acquired	Name(s) in which securities are registered

Total estimated fair market value of securities: $_____

Brokerage firm: _____

Broker contact name: _____

Broker telephone/email: _____

IRA Qualified Charitable Distribution, if applicable

☐ I am interested in funding this charitable gift annuity through a qualified charitable distribution from my IRA.

IRA owner name: _____

IRA custodian: _____

IRA custodian contact information: _____

☐ I confirm that I have not previously used a qualified charitable distribution from my IRA to fund a charitable gift annuity or charitable remainder trust in a prior year.

Note: IRA-funded charitable gift annuities are subject to special federal tax rules and limitations. The annuitant or annuitants must be eligible under applicable law. Donors should consult their own tax advisors before proceeding.

CHARITABLE REMAINDER BENEFICIARIES

At the end of the annuity payment obligation, the remaining charitable gift annuity residuum will be distributed for charitable purposes as designated below, subject to UCF's policies and the terms of the final charitable gift annuity agreement.

UCF must be named as at least a ten (10%) percent charitable remainder beneficiary.

Percentages must total 100%.

1. Legal Name: _____

   Address: _____

   Percent of Gift:_____

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2. Legal Name: _____

   Address: _____

   Percent of Gift:_____

3. Legal Name: _____

   Address: _____

   Percent of Gift:_____

CONTINGENT CHARITABLE REMAINDER BENEFICIARY

If any named charitable remainder beneficiary ceases to exist, changes its fundamental charitable purpose, is no longer qualified to receive the gift, or if the designated purpose becomes impossible, impracticable, or inconsistent with UCF's policies, please identify any contingent charitable beneficiary or alternate charitable purpose.

Legal Name: _____

Address: _____

Percent of Gift:_____

Contingency:_____

NOTIFICATION OF BENEFICIARIES

Please select one:

☐ UCF may notify my designated charitable remainder beneficiary or beneficiaries of this gift during my lifetime.

☐ Please do not notify my designated charitable remainder beneficiary or beneficiaries during my lifetime, but UCF may contact them after my death as needed to administer the gift.

☐ Please keep my identity anonymous to the designated charitable remainder beneficiary or beneficiaries to the extent reasonably practical. I understand UCF may need to disclose certain information if necessary to administer the gift, comply with law, or carry out the charitable designation.

REQUEST FOR DIRECT DEPOSIT OF ANNUITY (LIFE INCOME) PAYMENTS

Please select preferred payment method:

☐ Direct deposit / ACH

☐ Check

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If direct deposit / ACH is selected, State Street will follow up with instructions for securely submitting banking information. Please do not include bank account or routing information in this application or send banking information by regular email.

If check is selected, annuity payments will be mailed to the annuitant's address listed in this application unless another payment address is approved. Please notify UCF promptly of any address change.

REQUEST FOR ATTORNEY OR FAMILY CONTACT INFORMATION

1. Name: _____
2. Relationship: _____
3. Address: _____

   City: _____ State: _____ Zip: _____
4. Telephone: _____

AUTHORIZATION AND ACKNOWLEDGEMENTS

By signing below, each donor acknowledges and agrees that: this application is submitted for UCF's review and does not create a charitable gift annuity until UCF accepts the proposed gift, the final agreement is completed and signed, and all required funding and documentation have been received; the donor has received and reviewed UCF's current charitable gift annuity disclosure statement included with this packet; a charitable gift annuity is a charitable gift arrangement and not a commercial investment product; once completed, the charitable gift annuity agreement is irrevocable, except to the extent the agreement expressly provides otherwise; annuity payments are a general obligation of United Church Funds, Inc. and are not insured or guaranteed by any governmental agency; the annuity rate will not exceed the maximum rate suggested by the American Council on Gift Annuities or any lower rate required by applicable law or UCF policy; UCF does not provide legal, tax, investment, or financial advice, and the donor has been encouraged to consult the donor's own advisors regarding the legal, tax, financial, and estate planning consequences of the proposed gift; UCF or its service provider may request identity verification, taxpayer information, banking information, and other documentation needed to administer the charitable gift annuity; and UCF may decline a proposed gift if it does not satisfy UCF's gift acceptance policies or applicable legal, tax, administrative, investment, or reserve requirements.

Donor 1

Signature: _____

Printed Name: _____

Date: _____

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Donor 2 / Joint Donor, if applicable

Signature: _____

Printed Name: _____

Date: _____

If you would like to be advised of changes in rates of return for future new Gift Annuities, please provide your e-mail address: _____

Submission Instructions
Please submit the completed application directly to State Street Investment Management. Please do not include Social Security numbers, direct deposit forms, banking information, photo identification, or other sensitive personal information with your initial application submission. After State Street receives and reviews your application, State Street will provide instructions for securely submitting any required tax, banking, payment, or identity-verification documents.

Submit completed applications to:

Email: sophia_campos@statestreet.com

Or Mail:
Sophia Campos
Assistant Vice President, Relationship Manager
Charitable Asset Management
State Street Investment Management
1776 Heritage Drive, 2nd Floor
Quincy, Massachusetts 02171

For general questions about United Church Funds' charitable gift annuity program, please contact UCF at 877-806-4989 or info@ucfunds.org.