

Charitable Gift Annuity Application



CHURCH WORLD SERVICE
Office of Planned and Major Gifts
P.O. Box 968
Elkhart, IN 46515
1-800-297-1516

The consideration for this annuity is the receipt of completed application and the good delivery of the gift establishing this annuity. The annuity provided for in this application shall not take effect until this application has been approved and accepted by a duly authorized officer of Church World Service.

Donor Information

Name: (Mr/Mrs/Ms/Other) _____

Name: (Mr/Mrs/Ms/Other) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Work Telephone: () _____

Gift Information (Please make checks payable to Church World Service.)

Type of Gift Check \$ _____ Securities and/or other (complete Non-Cash Gift Supplement)

Gift Ownership Solely owned by: _____ Community Property
 Joint tenant with right of survivorship Revoked from trust
 Joint tenant without right of survivorship (Please attach a letter revoking assets from trust.)

Annuity Information

Immediate Annuity
 Deferred Annuity — Indicate year payments are to begin _____
(Payments must begin more than one year from date of gift.)

Type of Annuity Requested

Single Life (Pays first annuitant.) Joint & Survivor (Pays both annuitants, then pays survivor annuitant.) Two Life (Pays first annuitant, then second annuitant.)

I request a Charitable Gift Annuity at the maximum rate allowable under CWS gift annuity policies in effect as of the date this application is accepted as substantially complete.

I request a Charitable Gift Annuity payable at the rate of _____ %, which I understand is lower than the maximum CWS offers for my age and life expectancy.

I request income payments
 Annually Semi-annually Quarterly Monthly

First/Joint Annuitant SS#: _____ - _____ - _____ Birthdate: _____ - _____ - _____

Name: (Mr/Mrs/Ms/Other) _____ Telephone: () _____

Address: _____ Relation to Donor: _____

City: _____ State: _____ Zip: _____

Second/Joint Annuitant

SS#: _____ - _____ - _____ Birthdate: _____ - _____ - _____

Name: (Mr/Mrs/Ms/Other) _____ Telephone: () _____

Address: _____ Relation to Donor: _____

City: _____ State: _____ Zip: _____

Charitable Beneficiary Information

The charitable remainder interest will be distributed in a "lump sum" payment to:

Church World Service
P.O. Box 968
Elkhart, IN 46515
1-800-297-1516

Contact Person: _____

Restrictions (if any): _____

Direct Deposit Information

1. Please deposit the payment in the following bank account:

Bank Name: _____ Account Number: _____

Checking Savings

Bank Routing Number: _____ Bank Phone: _____
(Use the numbers on the bottom left side of your check or you may phone your bank for this information.)

2. Please attach a voided check from your checking account or a deposit slip from your savings account.
 3. Direct Deposit Authorization -- Credit entries/necessary adjustments for this account are authorized by signing this application on page 4.
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Attach check here

Non-Cash Gift Supplement

For information about Church World Service's requirements for transferring securities or other non-cash gifts or completing the Non-Cash Gift Supplement, please call 1-800-297-1516.

Church World Service cannot determine the taxation of the annuity payment for non-cash gifts without the following information. Please differentiate between assets held less than 12 months and those held longer than 12 months. Your signature(s) must appear on page 4 for the processing of this gift.

Gift Description Example: 100 Shares IBM	Ownership (Owner's name)	Acquisition Date (mm/yyyy) ¹ 12/1988	Total Cost Basis ² \$1,250.00 (price per share x # of shares)

¹ Date you acquired the assets, e.g. by purchase, by gift, by inheritance, by dividend reinvestment.

² Original cost of asset (usually the purchase price or, if received by bequest, the value of assets for estate tax purposes). Current cost basis should reflect adjustments due to stock splits or spin-offs.

Note: If the gift is in the form of a stock/bond certificate, it is necessary to submit stock/bond powers and a consent to transfer form.

Additional Information Pertaining to this Gift

Publication/Notification Authorization

May we recognize you by name when we honor individuals who have made gifts to Church World Service's Legacy of Hope Society?

Yes

No

If you select "no," your gift will not be listed in CWS publications honoring donors and their gifts.

If this information is not completed by the donor, Church World Service will not release or publish the donor's identity.

Special Delivery Instructions (optional)

I hereby authorize copies of this information be given to:

Name _____

Address _____

City _____ State _____ Zip _____

I hereby request that my Agreement package be given to the following for delivery to me:

Name _____

Address _____

City _____ State _____ Zip _____

Statement of Understanding

It is my desire to make this irrevocable gift to Church World Service and I hereby affirm and declare that I

- Understand that after this Application and gift assets have been approved and accepted by a duly authorized officer of Church World Service, I will receive a document known as the Charitable Gift Annuity Agreement ("Agreement");
- Understand that the Agreement will confirm and define my contract with Church World Service and the United Methodist Foundation of Northern Illinois Conference, Inc.;
- Acknowledge that Church World Service has not rendered any legal or tax advisory service to me;
- Understand that I should consult with my own advisors for determining the tax or other benefits and consequences of making this gift;
- Understand that a Charitable Gift Annuity should not be treated as an investment made for private gain.

Donor Signature

Date

Joint Donor Signature

Date

Every page of this application must be initialed by the Donor(s) for the application to be considered complete.