

I/we hereby apply for a Charitable Gift Annuity in the amount of \$ _____ (minimum \$10,000)

Type of Gift* _____ Cost Basis \$ _____ Date of Acquisition _____

*Stocks, mutual funds, bonds, cash, etc. Please attach schedule if other than cash

The contract is to be: Single Life Two-Life/Joint Annuitants Two-Life/Successive Annuitants

Payments to be made: Annually Semi-annually Quarterly Monthly

WHICH IS MORE IMPORTANT TO YOU? (Please check one)

Maximizing your charitable deduction Maximizing the tax-free portion of your annuity payments

ANNUITY TYPE

Immediate Payment Deferred Payment

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

(a) Payments to begin on the 1st of (month) _____, (year) _____.

(b) Payments may begin on the 1st of (month) _____ in any year during the following period
(first possible year) _____ and (last possible year) _____. (Maximum 10 year range)

DONOR(S)

Enter both names if jointly-owned or community property; otherwise enter one name. **Please submit a copy of one of the following acceptable forms of identification for each annuitant: driver's license, birth certificate, passport, or other picture identification showing annuitant's birth date.**

1ST DONOR

Name _____

Social Security Number _____ - _____ - _____

Birth Date _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

2ND DONOR

Name _____

Social Security Number _____ - _____ - _____

Birth Date _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

ANNUITANT(S)

If annuitant(s) is (are) other than the donor(s), complete the following. **Please submit a copy of one of the acceptable forms of identification for each annuitant: driver's license, birth certificate, passport, or other picture identification showing annuitant's birth date.**

1ST ANNUITANT

Name _____
 Social Security Number _____ - _____ - _____
 Birth Date _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 Email _____

2ND ANNUITANT

Name _____
 Social Security Number _____ - _____ - _____
 Birth Date _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 Email _____

PAYMENTS

Payments are sent electronically to your bank account. *Please complete the following:*

Bank Account Number _____ Bank Routing Number _____
 Name of Bank _____ City _____ State _____

Attach a voided check (not deposit slip) to this application.

REMAINDER BENEFICIARIES

I would like the remainder of this annuity distributed to the following ministry(ies):

REMAINDER BENEFICIARY #1

Name _____
 Percentage _____
 EIN (If available) _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 Email _____

REMAINDER BENEFICIARY #2

Name _____
 Percentage _____
 EIN (If available) _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 Email _____

I wish my gift to remain anonymous.

POWER OF ATTORNEY/EMERGENCY CONTACT INFORMATION

Name _____

Address _____

Phone _____ Email _____

Relationship to Donor _____

Annuities may be subject to regulation by your state. Payments under this agreement, however, are not protected or otherwise guaranteed by any government agency or any insurance or guarantee association. Orchard Alliance does not provide legal advice and individuals should seek the advice of their own legal counsel.

Oklahoma Residents: A Charitable Gift Annuity is not regulated by the Oklahoma Insurance Department and is not protected by any guarantee association affiliated with the Oklahoma Insurance Department.

CGAs are issued by Orchard Alliance or as agent for The Christian and Missionary Alliance (The C&MA). The C&MA only issues annuities in the states of NY, NJ and CA; Orchard Alliance issues annuities in all other states except Hawaii. Orchard Alliance or The C&MA, respectively, is responsible for and liable for the CGAs that are issued in their individual names.

I have received the disclosure statement from either Orchard Alliance or The Christian and Missionary Alliance 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 obligation will be used by Orchard Alliance for the purpose stated.

Donor's Signature _____ Date _____

Donor's Signature _____ Date _____

Internal Use Only

Annuity Number _____ Date of Gift _____

Rate _____ Annual Amount \$ _____

Amount of Each Payment \$ _____

Payment Dates and Frequency _____