



**Desert Southwest**

UNITED METHODIST FOUNDATION

# Gift Annuity Application

Immediate

Deferred

If deferred, age of Annuitant at first payment \_\_\_\_\_

### DONOR INFORMATION

First Donor \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ Income Tax Rate \_\_\_\_\_%

### ANNUITANT INFORMATION

If Annuitant(s) is Donor(s) please skip below to *Gift Details*

If Annuitant(s) is NOT the Donor(s) please complete this section

First Annuitant \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

### DONOR INFORMATION

Second Donor \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ Income Tax Rate \_\_\_\_\_%

### ANNUITANT INFORMATION

If Annuitant(s) is Donor(s) please skip below to *Gift Details*

If Annuitant(s) is NOT the Donor(s) please complete this section

Second Annuitant \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

### GIFT DETAILS

For gifts of cash, checks should be made payable to: **Desert Southwest United Methodist Foundation**

Amount of Gift \_\_\_\_\_ Estimated Date of Gift \_\_\_\_\_

**For gifts of in-kind publicly traded securities, direct the assets to:**

**DTC #0443**

**Pershing, LLC**

**For credit to account # N7M002242**

**Client account name: Wespeth Funds Trust**

Security Name \_\_\_\_\_ Number of Shares \_\_\_\_\_ Symbol/ticker/cusip \_\_\_\_\_

Security delivering institution name \_\_\_\_\_

Contact name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT FREQUENCY**

Quarterly (4x/yr)  Semi-Annually (2x/yr)  Annually (1x/yr)

Date of First Payment (MM/DD/YYYY) \_\_\_\_\_

**CHARITY INFORMATION**

Charity to receive remainder interest of gift \_\_\_\_\_ **via DSUMF**

Charity EIN Number \_\_\_\_\_ Designation \_\_\_\_\_

Address \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Contact Person \_\_\_\_\_ **Email** \_\_\_\_\_

Phone \_\_\_\_\_

**SIGNATURES**

First Donor \_\_\_\_\_ Date \_\_\_\_\_

Second Donor \_\_\_\_\_ Date \_\_\_\_\_

Please send completed information along with 1) a photocopy of your driver's license or government ID, 2) check (for gifts of cash) and 3) CGA Illustration to:

**Anne Green**  
**Desert Southwest United Methodist Foundation**  
**1300 S. Litchfield Road, Suite 110-B**  
**Goodyear, AZ 85338**

- *Please note that for documentation purposes, Desert Southwest United Methodist Foundation will maintain the original application and a copy will be included as part of the gift agreement contract.*

**Thank you!**