



**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 \_\_\_\_\_

-OVER-

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

**DTC #0443**

**Pershing, LLC**

**For credit to account # N7M002242**

**Client account name: Wespath 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 220-O**

**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!**