

# Application for a Gift Annuity

## Mennonite Foundation

### Office use only

Account no. \_\_\_\_\_

Alpha ref. no. \_\_\_\_\_

Date \_\_\_\_\_

This is to be a  Single-life plan  Two-life plan

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

ZIP code

Telephone number (home) \_\_\_\_\_

(work) \_\_\_\_\_

Where do you prefer we call you? \_\_\_\_\_

Social Security no. \_\_\_\_\_ Birth date \_\_\_\_\_

E-mail address \_\_\_\_\_

Fax number \_\_\_\_\_

Denomination \_\_\_\_\_

Conference \_\_\_\_\_

Congregation \_\_\_\_\_

Do you have an alternate, winter residence?  yes  no

If yes, when are you there? From \_\_\_\_\_ to \_\_\_\_\_

What are the address and telephone number?

Address \_\_\_\_\_

Street

City

State

ZIP code

Telephone number (daytime) \_\_\_\_\_

*If this is to be a two-life plan, please provide the following information on the second donor.*

Name \_\_\_\_\_

Social Security no. \_\_\_\_\_ Birth date \_\_\_\_\_

Address (if different) \_\_\_\_\_

Street

City

State

ZIP code

I am (We are) making a contribution to The Mennonite Foundation, Inc., for the following gift plan. Please insert rate by correct plan type.

	Date of first payment	Rate
<input type="checkbox"/> Gift Annuity	_____	_____
<input type="checkbox"/> Deferred Payment Gift Annuity	_____	_____

### Remittance information

Distribution frequency\*

Monthly – 12 payments. You may select this if the payments are greater than \$500.

Quarterly – Four payments

Semiannually – Two payments

Annually – One payment

\* Mailed on or before the 25<sup>th</sup> of the month.

### Donated cash, securities, or real estate – Mandatory to complete

Enclosed is

Check for \$ \_\_\_\_\_ (make check payable to **Mennonite Foundation**)

Appreciated property with estimated value of \$ \_\_\_\_\_

Cost basis \$ \_\_\_\_\_

Date acquired \_\_\_\_\_

*If more than one security or parcel of real estate is being donated, please attach schedule of assets showing tax cost and date acquired for each asset.*

### Direct deposit or automated clearing house (ACH) information

*Please attach a copy of a voided check.*

Bank \_\_\_\_\_

Bank ABA number \_\_\_\_\_

Account number \_\_\_\_\_

Account type\*

Checking

Savings

\* Brokerage money market accounts are not encouraged.



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**MMA**<sup>®</sup>

**Additional comments**

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*Please include any additional information that may be helpful in administering your account.*

**Signature**

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Signature

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Date

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Signature of joint donor

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## Application for a Gift Annuity – Internal

Name on account \_\_\_\_\_

### Investment information

1. Investment authority \_\_\_\_\_  
**S – Sole authority (MF) – Default**  
J – Joint authority
2. Investment powers \_\_\_\_\_  
A – Approval required  
**B – Broad powers (MF) - Default**
3. Investment responsibility \_\_\_\_\_  
J – Joint responsibility  
N or Blank – No responsibility  
**S – Sole responsibility (MF) – Default**
4. Investment objective \_\_\_\_\_  
A – Aggressive growth  
C – Growth  
E – Growth and income  
G – Balanced  
**I – Conservative**  
K – Fixed income  
M – Directed (no investment authority)  
P – Exception/unassigned  
Q – Limited to cash management  
R – Principal preservation
5. SIM principal model number **IG** \_\_\_\_\_  
*Please refer to standard model allocation document.*
6. 300/Charitable trust **G1** \_\_\_\_\_ (For all gift annuities)

### Account fee

7. Fee schedule number \_\_\_\_\_  
*Refer to fee schedule document.*
8. Fee overdraft \_\_\_\_\_  
H – Include all cash. Disregard hold amounts and do not  
overdraw the account for fees.  
N – No, do not overdraw the account for fees .  
**Blank – Overdraw the account for fees – Default.**
9. Fee clause \_\_\_\_\_  
C – Court approval  
F – Fee fixed by agreement  
N – Negotiated  
**R – Reasonable compensation (adjusted to new fee  
schedules as adopted) – Default.**

### Memo ticklers

*Please write or type any information you want reminders printed from Series 7. For memos that are recurring, put the frequency desired (in other words, monthly, quarterly, etc.). One-time memos can also be generated.*

10. a. Memo text:

b. Frequency

- One time: Date \_\_\_\_\_
- Monthly: Day of month \_\_\_\_\_
- Quarterly: Day of month \_\_\_\_\_
- Semiannually: Day of month \_\_\_\_\_
- Annually: Day of month \_\_\_\_\_

### Client statement information

11. Frequency \_\_\_\_\_

**No statement – Default.**

Q – Quarterly (Donor will be assumed to be the only person receiving a statement.) If statement is chosen, revisit account fee choice for higher fee.