



CHARITABLE GIFT ANNUITY APPLICATION FORM



TYPE: Immediate Payment: 1st payment arrives within next 12 months
 Standard Deferred Payment: 1st payment deferred until ____/____ (mo/year) – (12 mo. or more in future)
 “Flexible Choice” Deferred Payment: List three preferred dates.
 First payment target date: ____/____ (month/year) – (e.g. expected retirement date)
 Earliest possible payout date: ____/____ (month/year) – (i.e. “just in case” date)
 Latest possible payout date: ____/____ (month/year) – (i.e. latest “must start” date)

1st Donor/Annuitant: (Mr., Mrs., Ms., Miss) _____
 Address _____
 City _____ State _____ Zip _____
 Phone number _____ Cell number _____
 Birth date _____ Soc. Sec. No. _____

2nd Donor/Annuitant: (Mr., Mrs., Ms., Miss) _____
 Address _____
 City _____ State _____ Zip _____
 Phone number _____ Cell number _____
 Birth date _____ Soc. Sec. No. _____

Payments are to be made to: (Mr., Mrs., Ms., Miss) _____
 Address _____
 City _____ State _____ Zip _____
 Phone number _____ Cell number _____
 Birth date _____ Soc. Sec. No. _____

This will provide payments for: One Life Two Lives
 Payments desired: Annually Semi-Annually Quarterly Monthly First Payment month _____
 The gift will consist of the following: (\$10,000 minimum)
 Cash in the amount of \$ _____
 Securities in the value of \$ _____ (attach description)
 Date acquired _____ Cost basis \$ _____

I plan to itemize when filing my next Federal Income Tax Return: Yes No
 I acknowledge receipt of the disclosure statement on the reverse side: Yes No
 Note: 10% of the remaining value will benefit the EFCA Foundation for gift annuity services.
 It is further understood that 90% of the remaining value is to be used for the ultimate benefit of:
 Where most needed Specify (if other) _____

1st Donor/Annuitant’s signature _____ Date _____
 2nd Donor/Annuitant’s signature _____ Date _____

STATEMENT OF DISCLOSURE
EVANGELICAL FREE CHURCH OF AMERICA FOUNDATION
CHARITABLE GIFT ANNUITY PROGRAM

The Evangelical Free Church of America (EFCA) generally invests the assets it receives under charitable gift annuity agreements (CGAs) in a common investment fund (fund). Certain states, however, require that the EFCA segregate all or part of the assets it receives under CGAs for residents of their states in separate accounts (state accounts), each of which also constitutes a common investment fund. Only assets received under EFCA CGAs are invested in the fund and state accounts.

The net assets of the fund and state accounts are designated by the EFCA Board of Directors for exclusive use by the CGA program. The fund and state accounts are not held in trust. EFCA CGAs are backed by the full assets of the EFCA and are not insured or otherwise guaranteed by any government entity.

The EFCA maintains custodial agreements through Syntrinsic Investment Counsel of Denver, CO for the fund and state accounts and pays Syntrinsic fees for its services. The EFCA, however, has ultimate control over the fund and state accounts. The EFCA Board of Directors approves investment policies for the fund and state accounts and has established an Investment Committee responsible to oversee and ensure compliance with these policies. The fund and state accounts are invested in diversified portfolios of equities and fixed income investments based on the asset allocation models in their respective investment policies. At December 31, 2017, total invested funds for CGAs were \$5,380,860. We have sufficient reserves to honor all CGA agreements.

Common investment funds (i.e. the fund) managed by the EFCA are exempt from registration requirements of the federal securities laws, pursuant to the exemption for collective investment funds and similar funds maintained by charitable organizations under the Philanthropy Protection Act of 1995. Certain states, however, require that the EFCA annually report to them the asset balances, actuarial liabilities and net assets held with respect to CGAs for residents of their states (i.e. the state accounts).

Because payments under EFCA CGAs are general, unsecured obligations of the EFCA and do not depend on investment performance of the fund and state accounts, investment reports will not normally be sent to donors who create EFCA CGAs. In January of each year, the EFCA will send each EFCA CGA annuitant an annual IRS Form 1099-R for the completion of IRS Form 1040.

The EFCA encourages CGA annuitants to take this explanation to a qualified professional advisor. He or she is the person who can give you counsel regarding the risks, taxation and fixed payments from CGAs. The EFCA does not give tax, legal or other professional counsel.

For more information on this statement of disclosure, please contact:

Jason Norman
Director of Accounting
EFCA Foundation
901 E. 78th Street
Minneapolis, MN 55420
800-745-2202, ext. 460 or 952-853-8460
Jason.Norman@efca.org

For more information on creating an EFCA CGA, please contact:

Lanny Harris
Vice President
EFCA Foundation
901 E. 78th Street Minneapolis, MN 55420
800-995-8578 or 952-853-8417 Lanny.Harris@efca.org



DIRECT DEPOSIT AUTHORIZATION AGREEMENT ANNUITY AND TRUST PAYMENTS



Please attach a voided check below.

I (we) hereby authorize EFCA FOUNDATION, hereinafter called FOUNDATION, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) Checking/Savings account indicated below and further authorize the depository below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account.

Account Ownership

Owner Name:

First _____

Middle _____

Last _____

Second Owner Name:

First _____

Middle _____

Last _____

SAMPLE CHECK		123
		Date _____
Pay to the Order of _____	\$	<input type="text"/>
		_____ Dollars
Memo _____		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Routing Number	Account Number	Check Number

ATTACH VOIDED CHECK HERE

For your savings account number, check your bank, credit union statement, or account documents provided when you opened your account.

Financial Institution Name _____	
Financial Institution Address _____	
City _____ State _____ Zip _____	
Telephone Number _____	
Routing (ABA) No. _____ Account No. _____	
<small>(typically 9 digits)</small>	<small>(Maximum 13 digits; do not include check number)</small>
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authority is to remain in full force and effect until FOUNDATION has received notification from me (either of us) in writing of its termination in such time and in such manner as to afford FOUNDATION and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature _____	Date _____	
Print Name _____	Email _____	
Home Phone _____	Work Phone _____	Mobile Phone _____
Home Address _____		