



**EFCA Foundation**  
**Charitable Gift Annuity Application Form**  
Payments start at age(s) 65 minimum. Not available in New York.

**ANNUITY DETAILS**

Payments for: ☐ One Life ☐ Two Life  
Payment Schedule: ☐ Annual ☐ Semi-annual ☐ Quarterly Annuity ☐ Monthly  
Type 1, 2, or 3:  
☐ 1. Immediate Payment: 1st payment is set to arrive beginning this year  
☐ 2. Deferred Payment: 1st payment deferred until \_\_\_\_/\_\_\_\_ (month/year) - 12 months or more in future)  
☐ 3. Flexible Choice Deferred Payment:  
Anticipated first payment start date: \_\_\_\_/\_\_\_\_ (month/year) - (e.g., planned retirement date)  
Earliest possible payment start date: \_\_\_\_/\_\_\_\_ (month/year) - (i.e., earlier "just-in-case" date)  
Latest possible payment start date: \_\_\_\_/\_\_\_\_ (month/year) - (i.e., latest "must start" date)  
Send Payments by: ☐ Check ☐ Electronic Fund Transfer (complete depository form and include a voided check)

**FUNDING YOUR ANNUITY (\$10,000 Minimum)**

Cash in the amount of: \$ \_\_\_\_\_

Securities with the approximate value of \$ \_\_\_\_\_ (Please contact us for transfer instructions.)  
Name / Symbol of Security: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
Date of Acquisition: \_\_\_\_\_ Cost Basis: \_\_\_\_\_

Please make checks or security assignments to: EFCA Foundation, 901 East 78<sup>th</sup> Street Minneapolis, MN 55420-1300

**1ST DONOR/ANNUITANT INFORMATION**

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (W-9 form required)

**2nd DONOR/ANNUITANT (for two-life annuities only)**

☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (W-9 form required)

**PAYMENTS ARE TO BE MADE TO:**

☐ To the individual(s) listed above, OR  
☐ To the following person:  
☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (W-9 form required)

Have questions or need help completing this application form? Call 800-995-8578 or email [Foundation@efca.org](mailto:Foundation@efca.org)

**CHARITABLE PURPOSE:**

Note: 10% of the remaining value will benefit the EFCA Foundation for gift annuity services and 90% of the remaining value is to be used for the ultimate benefit of:

- ☐ EFCA Where Most Needed  
☐ Specify (if other) \_\_\_\_\_

**TRUSTED CONTACT INFORMATION**

Please provide the name and contact information for the person we should contact in the event of your incapacity or death (e.g., your estate executor, trustee, next of kin, attorney in fact, or professional advisor).

Name: \_\_\_\_\_  
Title/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

**SIGNATURE(S)**

I understand that, based on the information I have provided here, EFCA Foundation will prepare and send a Gift Annuity Agreement. The validity of that agreement depends upon a true statement of the social security number(s) and date(s) of birth listed, and I declare that all statements I have made here in material consideration for an EFCA Foundation Gift Annuity Agreement are true and correct.

I understand that payments made under an EFCA Foundation Charitable Gift Annuity Agreement are backed solely by the full faith and credit of the Evangelical Free Church of America and are not insured or otherwise guaranteed by any government agency.

By signing below, I further acknowledge that I have received, read, and understood the EFCA Gift Annuity Disclosure Statement at the time of this application, and that all information provided in this application is incorporated into the contract by reference.

Signature 1 \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature 2 \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**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 EFCA Board of Directors designates the net assets of the fund and state accounts for exclusive use by the CGA program. The fund and state accounts are not held in trust. The total assets of the EFCA back EFCA CGAs and EFCA CGAs are not insured or otherwise guaranteed by any governmental entity.

The EFCA maintains custodial agreements through Graystone Consulting, Chicago NW of Barrington, IL, for the fund and state accounts and pays Graystone 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 for overseeing and ensuring 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. We have enough reserves to honor all CGA agreements. **On December 31, 2024, the total invested funds for CGAs were \$5,152,887.**

Common investment funds managed by the EFCA are exempt from registration requirements of the federal securities laws, according 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 report annually to them the asset balances, actuarial liabilities, and net assets held concerning 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 the investment performance of the fund and state accounts, investment reports will not usually be sent to donors who create EFCA CGAs. In January of each year, the EFCA will send each EFCA CGA annuitant an IRS Form 1099-R to complete IRS Form 1040.

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

**For more information, please contact:**

**Gift Planner**

EFCA Foundation  
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(952) 853-8448  
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