



# Gift Annuity Proposal/Application

**Please print clearly.**

Date \_\_\_\_\_

APPLICANT \_\_\_\_\_  
Date of Birth \_\_\_\_\_

JOINT APPLICANT \_\_\_\_\_  
Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**Single Life Annuity\***  **Joint Life Annuity\*** (Spouse or second annuitant)

**Immediate Gift Annuity** (Payments are made quarterly beginning at the end of the calendar quarter following date of issue, unless other arrangements are made.)

Other payment schedule requested  Annual  Semi-Annual  Monthly

**Deferred Gift Annuity** (Minimum deferral is at least one year)

Desired beginning date for deferred payment: (Calendar quarter ending) \_\_\_\_\_  
(Month) (Year)

**I want to arrange for Direct Deposit of monthly payments.**

For estimate of Federal Income Tax savings, check donor's current year Federal Income Tax Bracket:

10%  15%  25%  28%  33%  35%  Do not pay Income Tax

**Amount of Gift \$** \_\_\_\_\_ (Approximate amount, if stock, mutual fund, etc.)

**Cost Basis \$** \_\_\_\_\_ (If gift of appreciated stock, mutual funds, or assets. Please give description.)

Name of Church or Ministry you wish to benefit with gift annuity.\*\*

Check Enclosed:  Yes (Make check payable to Missouri Baptist Foundation.)  
 No, but please send me a proposal.

\_\_\_\_\_  
Signature of Donor/ Applicant

\_\_\_\_\_  
Signature of Joint Applicant

\_\_\_\_\_  
Social Security Number of Donor/Applicant

\_\_\_\_\_  
Social Security Number of Joint Applicant

Social Security numbers are not required for a proposal, but must be provided before annuity issued.

### Complete and return to:

Missouri Baptist Foundation, 400 East High Street, Suite 500, Jefferson City, MO 65101-3253

A proposal for a Gift Annuity will be provided when a completed application has been received. If the form is returned with a check for the Gift Annuity, a Gift Annuity Agreement will be created based on the information you provide. Upon receipt of your request, arrangements to present the proposal or Gift Annuity Agreement documents will be made. Additional applications can be found online at [www.mbfm.org](http://www.mbfm.org).

\*Please indicate whether single-life or joint-life annuity. Include both birthdates for joint-life.

\*\*If more than one charitable beneficiary, provide details on back.