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	akotas 🞙		CILA	RITAI	Mitch	ox 460 ell, South Dakota 573
	ted Methodist					
¶ ◎ Fo	undation		ANNUI	IY AP	PLIC	ATION
	y make application for ck)(Other) to		-			
Issued to: #1			#2			
	(Please use full nar	ne, i.e. George All	an Smith/Ma	ary Ann Sn	nith.)	
Address:	Street					
	City, State & Zip Co	ode				
Date of Birt	h: # 1 Month Day	Year	#2	Month D	ay Year	
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	<b>Rate</b> (circle one) 10%					
It is to be und remainder bene Code, or any ot form, provide fo beneficiaries, or Directors, or its the remainder b	st Annuity Payments b erstood that if at the death ficiary institution is no long her applicable tax provision or an alternate beneficiaries, that successor, may choose oth eneficiary be other than a s	of the donor, or last d ger a tax-exempt entity n then in effect, then i or beneficiaries, and i at qualify as tax-exem her qualified tax-exem 501(c) (3) tax-exempt	onor of a multipy as defined by n anticipation of in the event that pt organization pt beneficiaries organization.	ple-person ar Section 501( if that event t there are no s, then in that served by th	nuity, if the (c) (3) of the he donor main , any or all, t event the F he Foundation	e designated e Internal Revenue ay, on the annuity such designated Foundation Board of on. In no event shall
	<b>RY: Dakotas United</b>		,	W Unive	rsity Ave	nue, Mitchell,
	ta 57301 (Please chec undation Ministry Ei					
	rect Gift to Church (9 Name of Church	90% to named ch	urch, 10% u	indesignat	ted to the	
🗆 Da	kotas United Method	list Foundation -	to establish	an Endow	ment to h	penefit:
Note: considered per otherwise spec for a tithe (ten to re-direct the	her: (must be United The policy of the Dakota rmanent endowment gift rifically restricted or dira percent) of the residual e net earnings from any of agency discontinues open	as United Methodist s, with a set annual ected by the donor. amount. Also, the l and/or all endowme	Foundation is percentage go Any direct gif Dakotas Unite nt funds in situ	s that typica ping to the d t to a benefi d Methodiss uations in w	ally gifts rea lesignated f iciary, the t Foundation which the rea	ceived are to be recipient, unless Foundation asks on retains the right pcipient ministry,

Date:\_\_\_\_\_ SIGNATURE\_\_\_\_\_

## **ADDITIONAL INFORMATION**

Please provide any additional information you feel comfortable in providing and that would be appropriate as it relates to the Charitable Gift Annuity you are establishing. The purpose for asking for this additional information is as follows:

- 1.) That the Foundation may accurately document and record the nature of your Charitable Gift Annuity for future reference. Your Gift Annuity will terminate at some future time. This means that your Gift Annuity assets will become a part of the Foundation's responsibility. Persons in the future will want to know why it was established, by whom and for what purpose. This information becomes a part of the record for your Charitable Gift Annuity.
- 2.) The Foundation would like to be able to refer to this information in its newsletter or publications to recognize your establishment of this Charitable Gift Annuity and also as a way of encouraging others to make gifts or establish similar Gift Annuities.

**Additional Information:** 

It is the Foundation's practice to recognize the establishment of all Charitable Gift Annuities in the Foundation's newsletter, publications, or promotional materials, unless specifically directed otherwise by the donor.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_