



## Charitable Gift Annuity Inquiry Form

- Yes!* Please send me a personalized proposal with the specific benefits I can receive from a charitable gift annuity through The Orchard Foundation.

Please Print

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male or Female (Circle)

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
(Area Code)

*If joint and survivorship, please provide the following information on the second annuitant:*

Name \_\_\_\_\_ Male or Female (Circle)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

I am interested in funding an annuity in the amount of:

- \$5,000       \$10,000       \$25,000       \$ \_\_\_\_\_

I intend to establish my annuity with:

- Check or money order (Cash)       The transfer of stocks or bonds. (We will contact you.)

I would like to receive payments: (Minimum age is 65 for immediate gift annuity.)

- Once a year       Twice a year       Quarterly       Monthly

- I would like to defer my annuity until I reach age \_\_\_\_\_. (Optional)  
(Minimum age 55; payments deferred to age 65 and beyond.)

- I would like an Orchard consultant to contact me to discuss how a current or deferred annuity would work for me.

- I would like to establish my annuity at this time. (Please complete the information on the reverse side.)

Enclosed is my check. \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Joint and Survivorship Signature)

I would like my income payments issued by check.

Please make my income payments to my:  Savings Account  Checking Account

Bank Account # \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please attach a voided check to this application.*

*Maryland Residents Notice to Donor:* Payments made under charitable gift annuities are backed solely by the full faith and credit of the issuing organization and are not insured or otherwise guaranteed by any government agency.

In signing below, I acknowledge I have read the Maryland Residents Notice to Donor included in this application.

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature) (Joint and Survivorship Signature)

*Oklahoma Residents Notice to Donor:* A charitable gift annuity is not regulated by the Oklahoma Insurance Department and is not protected by a guaranty association affiliated with the Oklahoma Insurance Department.

I would like the remainder of my annuity distributed to the following ministries:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize The Orchard Foundation to release information regarding this Charitable Gift Annuity to the remainder beneficiaries designated above.

Please do not release information regarding this Charitable Gift Annuity to the remainder beneficiaries designated above.

## OFFICE USE ONLY

Control Number \_\_\_\_\_ Annuity Number \_\_\_\_\_

Date of Gift \_\_\_\_\_ Rate \_\_\_\_\_

Annual Payout Amount \$ \_\_\_\_\_ Amount of Each Payment \$ \_\_\_\_\_

Payment Dates and Frequency \_\_\_\_\_

Note \_\_\_\_\_