

# CONFIDENTIAL GIFT ANNUITY INQUIRY & APPLICATION



Please fill out the information below and return by email to **donor-ministries@bgea.org** or by mail to:  
Billy Graham Evangelistic Association · Donor Ministries · 1 Billy Graham Parkway · Charlotte, NC 28201

For more information, call us toll-free at **877-247-2426** to speak with your  
ministry representative or visit **BillyGraham.org/ministry-rep.**

Please complete all information that applies to your agreement and sign at the bottom.

I hereby apply for a gift annuity.  I am the annuitant.  I am giving this annuity as a gift.

**First Person** \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

My Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

My Social Security Number \_\_\_\_\_ - \_\_\_\_\_ (  Call me at my phone number for SSN.)

I hereby designate a second annuitant to receive annuity benefits at the death of the first annuitant (NOTE: A two-life agreement pays a lower rate than a one-life agreement). In the event that the second annuitant survives the first annuitant, payments will be paid to the survivor for life; otherwise, annuity payment terminates upon the death of the first annuitant.

**Second or Other Annuitant** (if applicable) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Relationship to First Annuitant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Second Person's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (  Call me at my phone number for SSN.)

**I'm interested in more information. Please provide a quote with the rate, annual payment amount, and tax benefits for a gift annuity I may fund in the amount of \$ \_\_\_\_\_ (minimum \$5,000).**

**OR**

**I'm ready to establish a gift annuity with The Cross Fund in the amount of \$ \_\_\_\_\_ (minimum \$5,000).**

**Method of giving:**

Cash/check  Securities worth \$ \_\_\_\_\_ with a cost basis of \$ \_\_\_\_\_.

**Type of Annuity** (Any deferral must be a minimum of 12 months out):

Immediate  Flexible Deferred (month/range of years; limit 10 dates)

Deferred (Start date: \_\_\_\_\_).

**Annuity Payment Frequency**

Annual  Semi-annual  Quarterly

**Payment Delivery:**

Mail payments to the above address  Direct Deposit (See back)

Check here if you plan to itemize deductions this year.

I understand that this Gift Annuity Agreement is irrevocable, that payments are backed solely by the full faith and credit of The Cross Fund and its parent entity, Billy Graham Evangelistic Association, that this gift annuity is not insurance under the laws of any jurisdiction, and that payments are not insured or guaranteed by any government entity.

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

Charitable gift annuities described on this form are issued and administered by The Cross Fund, a nonprofit corporation that is a subsidiary of the Billy Graham Evangelistic Association and which exists to support its mission.

Make checks payable to **The Cross Fund**

# ELECTRONIC FUNDS TRANSFER PAYMENT ELECTION FORM

I wish to have The Cross Fund deposit my gift annuity payments directly to my bank account using Electronic Funds Transfer (EFT).

I understand that with EFT:

- My payments will be credited to my account on the last day of the month unless the last day is a weekend or holiday, and, when the last day is a weekend or holiday, payments will be credited to my account on the next business day. I will not receive checks or notification of payments in the mail.
- If necessary, adjusting entries will be made to my account for any direct deposits made in error. A notification of each correcting entry made will be sent to me by mail.
- I understand that if I change banks, or bank accounts, I must complete a new EFT Payment Election Form with the new information.
- The Cross Fund shall be entitled to rely on this authorization until it receives signed instructions from me to do otherwise and has sufficient time to act on my new instructions.

Below is the information about my bank and account that is needed to set up direct deposits by EFT for my gift annuity payments. A voided check is attached to this authorization.

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

Account Number \_\_\_\_\_

Account Type (checking/savings) \_\_\_\_\_ Routing # \_\_\_\_\_

\_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Bank Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date \_\_\_\_\_ Full Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Full Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Please note: If payments are issued to two people, both must sign this authorization.

©2024 BGEA 19456 B

**Please attach a voided check.**

A GIFT ANNUITY FROM  
THE CROSS FUND

## HOW TO INQUIRE OR APPLY

1. Complete the application form.
2. Make your check (minimum amount \$5,000) payable to The Cross Fund and/or write or call for assistance in transferring securities.
3. Mail application and check (or securities) to the address below.

**Donor Ministries**  
1 Billy Graham Parkway  
Charlotte, NC 28201-0001  
877-247-2426  
Email: [donor-ministries@bgea.org](mailto:donor-ministries@bgea.org)  
Web: [BillyGraham.org/GiftAnnuity](http://BillyGraham.org/GiftAnnuity)

**BILLY  
GRAHAM**  
Evangelistic Association  
*Always Good News.*

*The Billy Graham Evangelistic Association and its related organizations do not, without your authorization, disclose any of your personal and/or financial information to anyone other than its agents, except as required by law.*