



Eder Financial

BOLD. BALANCED. TRUSTED.

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Charitable Gift Plan Application

Eder Deferred Gifts is a service agency that supports the work of the Church of the Brethren and its affiliated organizations. Your gift is deeply appreciated and is intended to assist in the work of the recommended charitable remainder beneficiary you identify in Section 4 of this form.

Section 1: Donor(s) Information

Donor Name: _____ Donor Name: _____
Social Security Number: _____ Social Security Number: _____
Date of Birth: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ FAX: _____
Email: _____

Section 2: Gift Plan

I (we) intend to make a gift to the Eder Deferred Gifts under one of the following plans:

- Charitable Gift Annuity (Immediate) Charitable Gift Fund
 Other (CGA [Deferred], CRAT, CRUT, Revocable Trust, Bequest, Life Insurance, etc.) _____

Special Instructions: _____

Note: Unless another arrangements are made, payments to income beneficiaries are made *QUARTERLY* on the last day of the month ending the quarter (i.e. March, June, September, and December). The preferred payment option is Electronic Funds Transfer (EFT). Please complete Section 6, "Authorization Agreement for Electronic Funds Transfer."

Section 3: Asset(s) to be Transferred

- Cash: \$ _____
 Securities: Name of Security: _____ Number of Shares: _____
Symbol: _____ CUSIP #: _____
Approximate Current Value \$: _____ Cost Basis \$: _____
Name of Issuer/Broker: _____ Phone Number: _____
 Other Asset Description and Value: _____

Section 4: Designation of Charitable Beneficiary

I (WE) REQUEST Eder Deferred Gifts to make distributions to the following charitable organization(s):
(Attach additional sheet, if necessary)

Percent	Charitable Organization and Address
_____	_____
_____	_____
_____	_____
_____	_____

Section 5: Noncharitable Beneficiary Information (if applicable)

Other beneficiary (Complete the following information and attach list if necessary)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____
Phone: _____ Cell: _____ FAX: _____
Email: _____

Section 6: Authorization Agreement for Electronic Funds Transfer (EFT)

I hereby authorize Eder Deferred Gifts to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below to credit and/or debit the same to such account. This authority is to remain in full force and effect until Eder Deferred Gifts has received written notification from me of its termination in such manner as to afford Eder Deferred Gifts and my financial institution a reasonable opportunity to act on it.

Financial Institution

Name _____
Address _____
City, State, Zip _____
Phone _____

Select Only One Account

Checking Account Number _____
 Savings Account Number _____
Transit/Routing Number of Financial Institution: _____

Account Information: Name on Account _____
Signature _____

Section 7: Signature(s)

This is an application to establish a charitable gift plan with Eder Deferred Gifts. The terms and conditions of the governing document, which will be appended to this application upon execution, shall be controlling whenever in conflict with the terms of this application.

I/(we) have received the appropriate disclosure statement for the requested charitable gift plan.

Signature _____ Date _____
Signature _____ Date _____

Completed application and check should be sent to: Eder Deferred Gifts, 1505 Dundee Ave., Elgin, IL 60120